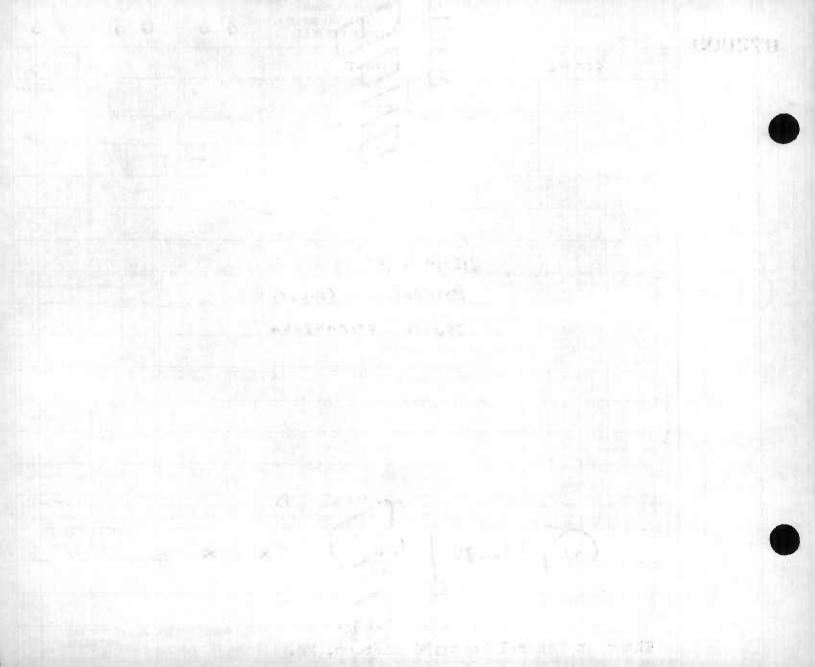
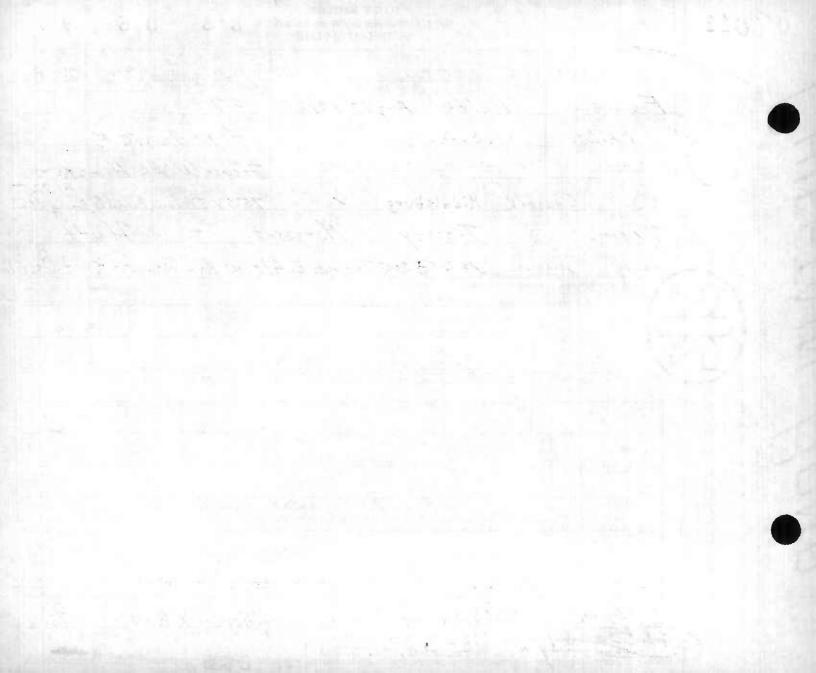
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and c rages medico		Market Harrison and American	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	212-14-1	076	17. INFORMANT Eloise Kn		_{Marti}	nsburg	, W. Va
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TTENDIN pital ar TOR: Af for use a of Health		22a I certify that (I) (this saw the deceased a phase (Ik (we) (did))		19		that in (myT(our) opinion of	, to			that (Ti' (we) lost couses stated
by the hos ERAL DIREC e detoched State Dept.		22b. SIGNATURE	ing 1. Com	or)	4.0	EGREE ATTENDING PHYSICIAN (270, ADDRESS	MEDICAL S DIRECTOR PHY	TAFF SICIAN []	2/2 DATE :	7/86
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DHMH - 16 50M 4/83 (VRA 15 4)	24 F	Thompson	Funeral H		2.	769 Z50 DATI			TRAR'S STONATI	URE

STATE OF MARYLAND



52011		FOR STATE REGISTRAR	DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	SIENE 8 6	0 5	97
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	A F	rederick H	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial H	ospital	House 1	Tife Hon	10.
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4 13 157	JA; FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	and many	VALING TO
3 11/1/0	V-	Thomas T	73+7-7-V	M22578	MIDDLE	2/;	AST 11
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th th		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	/ 37			7
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AN. PAN. PAN. PAN. PAN. PAN. PAN. PAN. P	Ö	OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM 18 PART OR PART 2	
SICI ng F ng F ental	₹ S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
this d M	NED A	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE

NOT WHILE TO FUNERAL DIRECTOR: After should be detached for use as I with the State Dept of Health a 220 I certify that (1) (this hospital) attended the deceased fram saw the deceased alive an 12/3/ obov. (D(we) (did) (da ga) view the body after death (our) opinion death occurred on the date and hour and from the couses stated 226. SIGNATURE DEGREE 22c. DATE SIGNED If he ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 226 PHYSICIAMS NAME (TYPE OF PRINT) 22e ADDRESS P. Gregory Rausch, M.D. 4 West 7th Street Frederick, Maryland 21701 230. BURIAL, CREMATION, REMOVAL 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY BP. 1201 Market Street Frederick, Md. 21701 DHMH - 16 60M 7/8 (VRA 15, 4)



106 East Church Street. Frederick.

(VRA 15, 4)

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54	Fr	ederick	F	Frederick Memorial Ho		ospital	(TYPE OF WORK FOR MOS RETIRED		E) IND	USTRY	POSINESS C	
2/1	30. S		B COUNTY		13c CITY OR TOW	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	S / ZIP CODE			4-24
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1 10		AS DECEASED EVER IN	U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RES 5038	Sid	ney	Road
		No			217-20-23	375	Mrs. Audrey					
		18 CAUSE OF DEATH	Enter only o	one couse per	r line for (a), (b), one	dicui	TOTAL BANKS			В	APPROXIA	MATE INTERVAL
1	- 1	PART I. DEATH WAS	AMEDIATE (1000 60		- 6-0-	K				
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5 8 V 1 7		VAS DECEASED EVER IN U.S. AR			ADDRESS 2200	Pochontas Dr.
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Pitol Porto Porto Porto Porto Porto		saw the deceased alive an	view the body after death	To and that in (my) (***) opinion	death accurred on the date and hour	and from the causes stated
hos hos hos hed hed hed hed hed hed hem hem		226 SIGNATURE) /	DEGREE		22t DATE SIGNED
the of th		2//	122	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11 FEB 86
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0.0	1	SPECIFY)	- 4 4		CITY OR TOWN	COUNTY STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

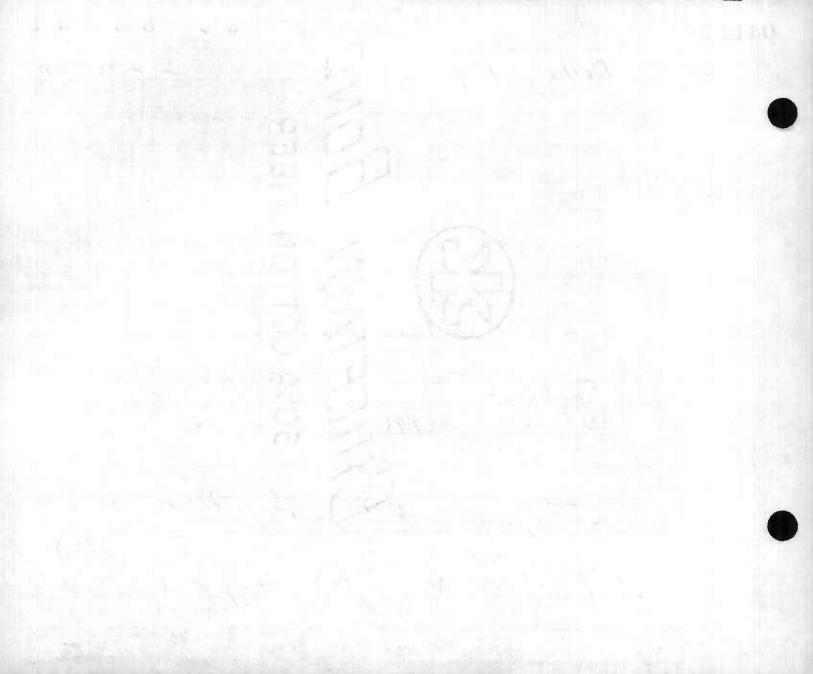
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Opossumtown Pike, Frederick, MD

DIVISION OF

DHMH - 16 60M 7/84

(VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND

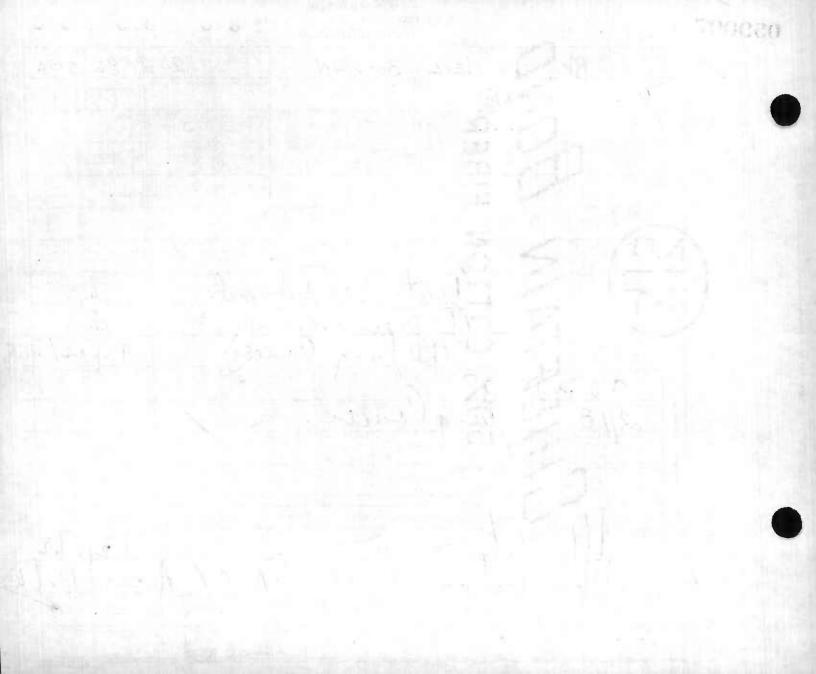
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STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Topic Topi	4	1 -	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	0 .	5 2 0	4
Formale White Aug. 27a 1917 Aug. 27a 1917 Balimore city of county of bath Waryland U.S.A. MARRIED BOOKED Frederick Frederi					JIA	BOYER	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOU	R 2 8A
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Smith Keeney & Basford Funera Rome, 100 E. Church St., Frederick, Ma 217650 26 1008 Julie Sendal Bridge 3		(SPECIF Buria			ike's Cem.	Feagavi	lle Fr	ounty oderick	Md.
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

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DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR Thompson Funeral Home

Feb.6,1986

Mt. Olivet Cem.

Md.

Middletown,

Frederick

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1 71 4	I. DE	CEASED NAME	adys		middle raine	Cos	grove		REG 20 DATE OF DEATH February	HIMOM	DAY YEAR	R 26. HOUR
0 -8-10	1.58	x		4 RACE		5. DATE			6. AGE (IN YEARS LAST	BIRTHOAY)	IF UNDER 1 YE	
t at		female		white		Marc	h 29,	1909	76	YRS.	MONTHS DA	AYS HOURS MI
2 50 80	7=B	IRTHPLACE (STATE OR FO	REIGN 7	Th CITIZEN OF	WHAT COUNTRY?	8		R MARRIED	9 BALTIMORE CITY		Y OF DEATH	1
1 5	9	Maryalnd		US.		WIDOW	ED 🔣	DIVORCED [Frede	rick		
(1)	10. C	Trederick		(IF NOT IN SU	HOSPITAL, NURSIP CHEACHITY, GME STREET ICK Memor	ADDRESS)			126 USUAL OCCUP (TYPE OF WORK FOR MO		LIFE) INDUST	D OF BUSINESS OF RY rcraft
1 1 1	13a	AL RESIDENCE (IF NURSIN STATE 11 aryland	13P CON	other institution TY lerick	13c. CITY OR TOW Frederi	/N	13d. INSID	E CITY LIMITS?	13e STREET ADDRES		DE J	170
MARYLA ad within mplents/y	14 F.	ATHER'S NAME FIRST Belen	~	AIDDLE	Harsh		I5. MOTH	Rozela				LAST
BATTIMORE, MARYLAND 2120 one be executed within 24 hours one completely falled to peer. Poges 1 and 2 should be sell. the medical examiner man be-				MED FORCES? WAR OR DATES)	166 SOCIAL SECT 214-10-4		17 INFOR	MANT	osgrove, E	rederi	ick. M	d.
BALT orie is open- orie.		18 CAUSE OF DEATH PART I, DEATH WA	(Enter anl	y ane cause pe	r line for an (b), or	id ici i	1 -	_			APP BETWI	ROXIMATE INTERVAL
DS, 201 W. PRESTON S quies that the death cer- quies to the attending hen please remove curbs hen please remove curbs to buried, crematism, or re- sjory, or other traumatic.	NO	Conditions, if ony, gove rise to imme couse (o), stating underlying cause PART 2 OTHER SIGNI	ediate the lost.	(c)_	OR AS A CONSEQU		NOT RELA	TED TO THE TERM	NNAL DISEASE OR CO	ONDITION G	IVEN IN PAR'	Y lia
DIVISION OF VITAL RECORDS, PAG PHYSICIAN. The law requirement of the transfer	TIFICATIO	190 DATE OF OPERATI	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED	200 AUTOPSY?	IN CERT		NDINGS USED ISES OF DEATH?
OF VIT.	CAL CER	21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	AUSE OF DEAT	101	de injury .m. month d .m.	AY YEAR	21c HOW	/ INJURY OCCUR	RED (ENTER NATURE OF I	njury in Item 18	PART I ORPART	7)
NG PHYSION Sign Physical Physiology on the bu- th and Ma	MEDICAL	21d. INJURY OCCURRE		21e PLACE (AT HOME ST	OF INJURY REET, FACTORY OFFICE	FARM ETC)	211 LOCA 511	ATION REET	CITYO	rown	COUNTY	STATE
ATTENDI copidal or ECTOR, A difference of the ord m 21 a m		270 I certify that (I) (sow the deceased (I) (we) (di	d alve on	llu	3 8610		nd that in (r	ny) (aur) apinion	death occurred an the	e date and ha		that (I) (we) I the causes stated ATE SIGNED
PITAL OR by the 1 DR by the 1		22d PHYSICIAN'S NA/	ME (TYPE OR	PRINT	~ 1	V	22e ADDI		MEDICAL S DIRECTOR PHY	TAFF SICIAN [2	112/86
to Hos received to FUN with the	122	trede	ric	H- 6	CASS 111		16	325 14	Juell Rd	Has	erston	bon, and
ВР		BURIAL, CREMATION, R (SPECIFY) burial			3,1986 P	ark H		Cem.	Brunswi	ck, Fr		Maryland
DHMH - 16 50M 4/B3 (VRA 15, 4)		UNERAL DIRECTOR 15 E. Wilso			ERAL HOME		21740	75a-DA	B 1 8 1986	ARIZSE REGI	FIRAR'S SIGN	The second



DHMH - 16 60M 7/84

(VRA 15, 4)

5144	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 0	5210
UC	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
C est	Robert	FARL	COWDEN	February 9.	1986 6:20P
of alter	Male	4 RACE White	S. DATE OF BIRTH NOV. 24, 1918	6 AGE (IN YEARS LAST BIRTHDAY) YRS	FUNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
48	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Florida	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY Frederick (
TV N	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	170 USUAL OCCUPATION	12b. KIND OF BUSINESS O
1 109	Frederick	Frederick Memo	rial Hospital	Salesman	Real Estate
100	Maryland Ca		OWN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 5190 Perry Ro	
1/60	FATHER'S NAME FIRST Earl	G. Cowden	15 MOTHER'S MAIDEN NA	MIDDLE	Verdell
2		W 2 219-03	-9131 Mrs Gloria	Jean Austin,	Item 13
g physics sonpoper removal cereit, hy	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED		SEVERE END-57		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
he offerdo emove con marion, or in thoumati	Conditions, if any, which gave rise to immediate couse (a), stating the	10)	DUENCE OF PROBABLE		BOLL
of cr	underlying cause last	Ic)	PUENCE OF PHEUMONIA	\	
Then p	NO.	IT CONDITIONS CONTRIBUTING T	ODEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	ZEN IN PART 110
A STATE OF THE PARTY OF THE PAR	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	YES NOX YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
6 House	210. ACCIDENT WAS UN THYING OR CONTRIBUTING USE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITE	June 1
124 1	THE INJURY OCCURRED	21e PLACE OF INJUNY	711 LOCATION	CITY OR TOWN	EDUNIV STATE

attended the deceased fram 22a.1 certify that (1) saw the deceased alive an abave, (we) will (did not) view the opinian death accurred on the date and haur and from the causes stated

DEGREE

Grissom

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL Burial

Parklawn

23d. LOCATION
CITYORTOWN
Rockville,

24 FUNERAL DIRECTOR

Offn L. Molesworth, P.A., Damascus, Md.

Feb. 13, 1986

20.20 the state of the s odreby feath despoint for two fetto with a neighbor of the 19 1771g . let camp. DETC 2 2137.3. Clowed Subt 4-0 Torney .U. Here's more designed .U. Creek 2 21-4-11 19 20 21-4-1 19 20 20 11-4-1 1 Mark I de The Eller Latin Sheek Will Survive Apple of the grade

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of a lale mark , i.i., selecte, id.

Mount Olivet Cemetery

1201 N. Market Street

Frederick, Md. 21701

Frederick, Frederick, Maryland

Liva Daydson

DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2-21-1986

& Son IPA

DHMH - 16 60M 7/84 (VRA 15, 4)

R.E.Dailey

Train Covies

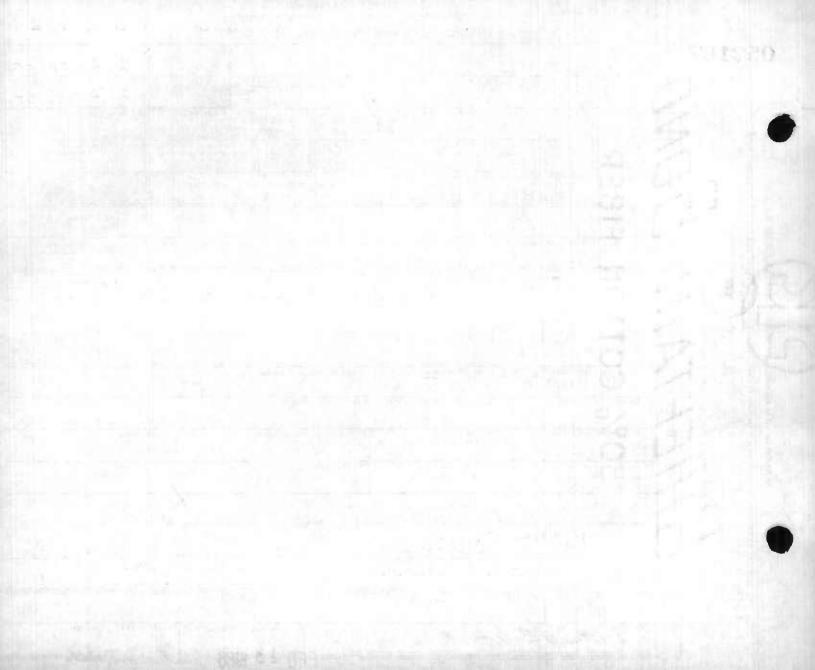
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11 July 19

almin .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG NO . DECEASED NAME KNOWN X 2h HOUR a DATE (TYPE OR PRINT) OF ESTI-1986 8Am DEATH MATED VIRGINIA PALMER CROSS MONTH DAY 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IE UNDER 24 HRS DATE 24 HOUR LAST BIRTHDAY PRONOUNCED 8A. DEAD FEMALE WHITE NOV. 5 1909 76 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A. DIVORCED XX VIRGINIA WIDOWED FREDERICK COUNTY I CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 1126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! WALKERSVILLE 10619 WOODSBORO PIKE 21793 RETIRED NONE LIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FREDERICK MARYLAND WALKERSVILLE NO [X 10619 WOODSBORO PIKE, 21793 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST MIDDLE R. PALMER ELLA UNKNOWN WALTERS BALTIMORE 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 10619 WOODSBORO PIKE (YES, NO, OR UNKNOWN) LIE VES GIVE WAR OR DATES NO NONE 577-26-7151A HARRY W. LEWIS IB CAUSE OF DEATH (Enter only one cause per line for (o) (b), and (c).) PRESTON ST. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a. DATE OF OPERATION USED / 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NI O I 210 EXTERNAL CAUSE WAS FORWARDED TO THE TOR: PAGE 3 SHOULD B THE STATE DEPARTMEN AND, 21201 PRIQR TO B 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME 21f. LOCATION TO MEDICAL EXAMINER: INIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEF BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection deoth resulted from! Accident Suicide Homicide _ Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 812 Toll House Ave. Robert J. Thomas, M.D. EXAMINER'S NAME Frederick, Md. 21701 (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE CREMATION FEB. 1986 SMITHSBURG CREMATORY SMITHSBURG 07/84 WASHINGTON BP 615 EAST MAIN STREET 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25M 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) ROBERT E. DAILEY & SON THURMONT, MD. 21788



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8		0	5	2.	
	REG. NO.				

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.		-		
	(TYPE	CEASED NAME OR PRINT)		abeth	Dise		DAVIS	20 DATE OF DEATH MOR	19,		25 HOUR 2:19 A	
	3. SE	Female	1	RACE Wh	ite	Jun	e 7, DAY 1925 YEAR	6 AGE (IN YEARS LAST BIRTHDA		IF UNDER I YEAR	HOURS MIN.	
16	Pennsylvania		a		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO		nty		
4	F	rederick		Frederick Memo				12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WO Retail Mange	126 KIND C INDUSTRY CLOT	hes		
Ė	13a. S	AL RESIDENCE (IF NURS TATE Maryland	13b. COUNT Frede	TYY	GIVE RESIDENCE BEFORE 13 CITY OR TOW Frederi	N.	138. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZII	CODE OOd	Drive	21701	
1	14 FA	THER'S NAME FIRST Alvin		Percey	Dise		15. MOTHER'S MAIDEN NAME FIRST	MIDDLE		Rowe	st	
		VAS DECEASED EVER VES NO OR UNKNOWN) NO		WAR OR DATES	205-16-6		17 INFORMANTRicha: Freder		inewood Drive			
	NOI	Conditions, if ony, gove rise to immediate to immediate the course (a), stofin underlying couse	, which mediate ng the last	DUE TO, OI (c)	r as a conseque	NCE OF	MOT RELATED TO THE TERM		on give	EN IN PART 1:	0	
2	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	Ob IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH YES NO				
7	MEDICAL CER	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDII 21d. INJURY OCCUR!	CAUSE OF DEATH CALEXAMINER) RED	P.I	M. MONTH DA M.	19	21r. HOW INJURY OCCURR 21f. LOCATION STREET	CITY OR TOWN	ITEM IB PA	COUNTY	STATE	
		22a.1 certify that (I)	(this hospito	2	V vox	. or	nd that in (my) (aur opinion o	to 2 1/	and hour	and from the		
		724 PHYSICIAN'S NO	AME ITH OF	le	in	tr:	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN		220 DATE	19/8E	
		Dr. Ph.						se Ave., Fred	eric	k, Md.	21701	

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL Feb.20, 1986

(SPECH Cremation

231 NAME OF CEMETERY OR CREMATORY Smithsburg Crematory

Smithsburg, Washington, Md's

106 East Church St., Frederick, Md. 21701 FEB 24 1086 A. K. Manual Ponder

115,000

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STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

05214

	REGISTRAR		CENTIL	REG. NO	EG. NO.				
	1 DECEASED NAME FIRST	MIDDLE	1	ASI	2a. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
	(TYPE OR PRINT) CHARLE	EMORY	î	derec	FEBRU	rarry	20	, 1986	744 PM
	3 SEX	4. RACE	5. DATE C		6 AGE INVE	ARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
A	Male	White	5	11 1892			YRS	MONTHS DAYS	HOURS MIN.
9	7a BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMOR	E CITY OF	R COUNTY	OF DEATH	
64	OHIO	USA	WIDOWE	DIX DIVORCED			DERI	CK	MD.
И	O CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL C				F BUSINESS OR
1	FREDERICK	NORTHHAMPTON	MANO	R NURSING	ROAD		WORKING (IF	LOCA	L GOVT.
0	USUAL RESIDENCE (IF NURSING HOME OR 130 STATE 13b COUN			113d. INSIDE CITY LIMITS?	113e STREET A	DDRESS /	7IP CODE	21798	
2	MD FREI	DERICK WOODSBO		YES NO 🗓	1160			rstown	Rd.
ij.	4 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN I	NAME	MIDDLE		LAS	
4		ORY DILI	ER	ANNIE		J.		THO	
ï	160 WAS DECEASED EVER IN U.S. AR		IRITY NO.	17 INFORMANT		ADDRE	SSWOOD	dsboro	, MD
	YES WOOR UNKNOWN) Worl	d War 220-01	-438	6 Mary Cut	sail li				
Н	18 CAUSE OF DEATH (Enter an	ly ane cause per line far Ia I, Ib I, an	d (c	1				APPROXI.	MATE INTERVAL
	PART I. DEATH WAS CAUSE	D BY: CAUSE (a) CASE	tive	hEART 1	FAILURE	. 65	hoch		
		DUE TO, OR AS A CONSEQUE							
H	Conditions, if any, which	(b) ARTERI		ROTIC CAR	2010 -0	ASCUL.	m		
J	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		DISE	400			
	underlying cause last	(c)	.,		0110	11			
		CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE	OR COND	ITION GIV	EN IN PART 110	
	0 0								
1	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	PSY?		, WERE FINDIN	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				YES 🗌	NO 🗌	YE	S 🗌	NO 🗆
-		216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NAT	URE OF INJUR	Y IN ITEM 18 P	PART 1 OR PART 2)	
	(IF EITHER NOTIFY MEDICAL EXAMINER		19						
	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY	ARM, ETC 1	211. LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
	AT WORK AT WORK			1,					
		attended the deceased fram	13 13	19 15	, ta	p 180	<u> </u>		that (1) (we) last
	sow the deceased alive an above, (III(we) (did) (did no		, ar	nd that in (my) (auchopinio	an death accurred	an the da	te and hau	and from the	causes stated
	22h SIGNATURE	Chl	1	DEGREE				22c DATE	
,	Very (· Small	7.	D. ATTENDING	MEDICAL DIRECTOR	STAF		20 PS	18. 65
	22d. PHYSICIAN'S NAME TTYPE O	R PRINT)		22e ADDRESS					
			0.00				9 -		
	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF C	EMETERY OR CREMATOR		TION		COUNTY	STATE
	BURIAL	2/24/86 Mt	. 01	ivet Cemet			ick l		

DHMH - 16 60M 7/84

BP.

G. Douglas Stauffer 24 FUNERAL DIRECTOR (VRA 15, 4) 1621 Opossumtown Pike, Frederick, MD

Mt. Olivet Cemetery Frederick Frederick MD

auffer
FEB 24 1986

057153 Comment of the property of the party of the Consider Asset Present Esteech D 56 4 X X 22

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0126	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	0 3 2	. ! 7	
e de 3	1 DECEASED NAME	first dar y	۸	Mildred		ODY	February 2		25 HOUR 9:00A	
rs ofter d	Female		4 RACE	e	5 DATE O	il 9°, 1915°	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
in 72 hou	Maryland O CITY OR TOWN OF DEATH Frederick				8. MARRIED NEVER MARRIED WIDOWED DIVORCED		9 BALTIMORE CITY OR COUNTY OF DEATH			
by the fulled with			11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITU (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 707 Wyngate Drive			DR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WOR	PRING LIFE) 17b. KIND C	OF BUSINESS OR	
			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION INTY PRICK Frederick			13d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP 707 Wyngate	of ZIP CODE te Drive 21701		
and 2 st	14 FATHER'S NAME FIRST	Unl	MIDDLE CNOWN	LAST		15. MOTHER'S MAIDEN NAME FIRST Unknown				
medical	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)		NE WAR OR DATES) 216 76 9027			17 INFORMANT Euger Frede	707 Wyng:	ate Dr.		
emaval.	18 CAUSE OF DEATH Enter only one cause per line for 10 1b and 1c PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Leval Landson and control of the control									
date use the date of the central state of the centr		PART I. DEATH Enter only one cause per line for its indice. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Hyperlanson arternationales Reservations. DUE TO, OR AS A CONSEQUENCE OF BY A CONSEQUENCE OF CONSEQUENCE								
ial, cremi	cause (a), stati	ng the	DUE TO, OF	R AS A CONSEQUE	(3				
r ta bur injury, c	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO		EATH BUT	11 1	INAL DISEASE OR CONDITIC	ON GIVEN IN PART 1	0	

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

CERTIFICA OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

190 DATE OF OPERATION

21a ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR P.M 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC |

21b. TIME OF INJURY

COUNTY

NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

Burial

DEGREE

CITY OR TOWN

(our) opinian death occurred on the date and hour and fram the causes stated

22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22c DATE SIGNED Feb. 28, 1986

Dr. Rex R. Martin

220 North Market St., Frederick, Md. 21701

230. BURIAL, CREMATION, REMOVAL

211 LOCATION

23c NAME OF CEMETERY OR CREMATORY March 1,1986 Mt. Clivet Cemetery Frederick, Frederick, Md ...

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

should be detached

ed or

IMPORTANT

24 FUNERAL DIRECTOR Smith, Keeney & Basford Funeral Homes Date REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 106 Bast Church St., Frederick, Md. 21701

Strung 27, 1956 - Cinal general L a good hood; it., Tollianchicalit. Logic B. F. W. Malacaner

ASSET AND THE ASSET

BP.

DHMH - 16 50M 4/83 (VRA 15, 4)

or oth

shov

CERTIFICATION

MEDICAL

AT WORK

(SPECIFY)

24 FUNERAL DIREC

226. SIGNATURE

23e. BURIAL, CREMATION, REMOV

070144

FOR - STATE

(TYPE OR PRINT)

130. STATE

4 FATHER'S NAME

3. SEX

REGISTRAR . DECEASED NAME

Female e. BIRTHPLACE ISTATE OF FOREIGN Maryland O. CITY OR TOWN OF DEATH

Frederick

(YES, NO OR UNKNOWN)

USUAL RESIDENCE (IF NURSING HOM

William 160 WAS DECEASED EVER IN U.S.

> 18 CAUSE OF DEATH (Ente PART I. DEATH WAS CAL

Conditions, if ony, which gove rise to immediate couse (a), stating the

underlying couse lost. PART 2. OTHER SIGNIFICAN

190 DATE OF OPERATION

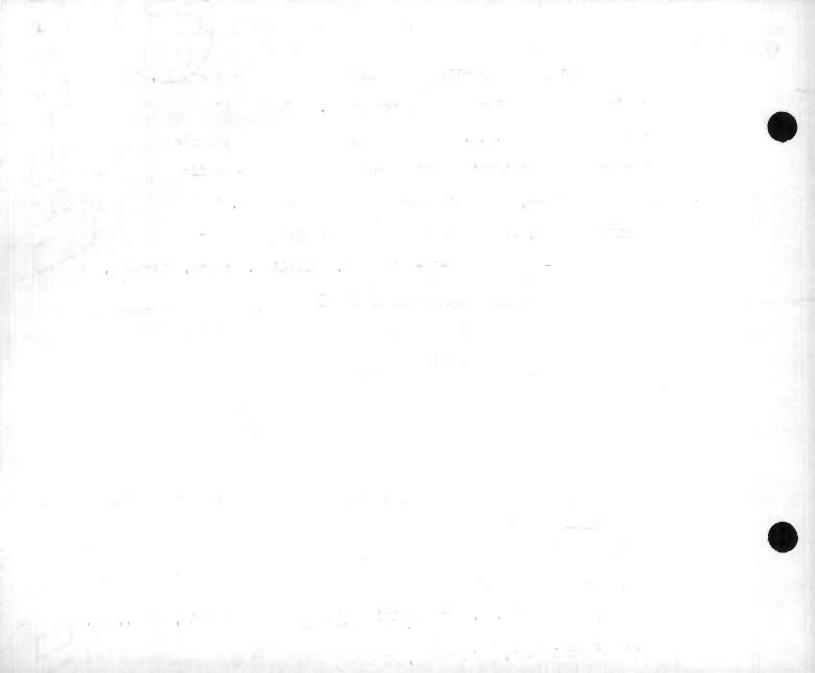
21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

(# EITHER, NOTIFY MEDICAL EXAM 216 INJURY OCCURRED NOT WHILE

AI WORK 22e.) certify that (1) (this ha

R NTE GISTRAR	DEPART	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	5214
ED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Beulah	Estella	DRAPER	February 10	, 1986 M
	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	# UNDER TYEAR # UNDER 24 HRS
male	White	December 8, 1898		rrs
yland	U.S.A.	* MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COL	UNTY OF DEATH MD.
derick	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Citizen's Nursi	ING HOME OR OTHER INSTITUTION (T ADDRESS).	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK HOUSEWife	12b. KIND OF BUSINESS OR INDUSTRY Home
Wa:	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c. CITY OR TOV Sh. Smithst	NN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP	CODE 21783
William	D. L. Harne	15. MOTHER'S MAIDEN N	AME	Wise.
DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 215-36-		ADDRESS W. Draper, Ca	vetown. MD
use (a), stating the derlying couse lost.	100-01-21-19-01	DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b.	
			YES NO	YES NO
ACCIDENT WAS UNDERLYING [CONTRIBUTING] CAUSE OF DE	ATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITE	M IS PART I OR PART 2)
INJURY OCCURRED	210 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
ORK AI WORK		1445 83	A 1 10	8/
sow the deceased alive or	of view the body ofter deoth.		n death occurred on the date on	d hour and from the couses stated
Bernard U-	Hummy.	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	21 DATE SIGNED
PHYSICIAN'S NAME (TYPE	Thomas Ir-	226 N. Marke	t St. Frederi	ck, Md, 2170/
AL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY arfield United thodist Cometery	Garrield, F	
Vis Juneral	nome, Smithsburg	21793 MAR	ATE REC'D. BY REGISTRAR 256. RI	EGISTRAR'S SIGNATURE



ING PHYSICIAN. The low requires that the death contraction is cuted within 24 hours after death. Page 4 may be a rattending physician.
After this certificate has been signed by the attending the refull and completely filled in by the funeral director, page 3 as the burial transit permit. Then please remove, after death as the burial transit permit. Then please remove, after death.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ...

	- STATE REGISTRAR		DEI ARTI	CERTIF	ICATE OF DEATH	REG.	NO.	4	
	DECEASED NAME FIRST	1	anoscu (i	Di	1Kstca	20. DATE OF DEATH			140 M
3.	SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST E	BIRTHDAY) IF UNDER	DAYS HOU	NDER 24 HRS
b	Female	Cauca	sian	Oct.	0 4004	64	YRS		
70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH	
	Virginia	U.S.A		WIDOWE	DIVORCED	Frederi			MD.
10	Frederick		HOSPITAL, NURSIN		ROTHER INSTITUTION Hospital	School En		ennis	
1	SUAL RESIDENCE (IF NURSING HOME COL 10. STATE 13b COL Maryland Fr	or other institution.	GIVE RESIDENCE BEFORE 134 CITY OF TOW Frederi		13d. INSIDE CITY LIMITS? YES X NO [ole Road/2	1701	
14	FATHER'S NAME Josie	WIDDLE	Dawson		Hellen	WIDDLE	Rour		
16	O WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES. G	RMED FORCES?	213-14-5		Mr. Dewey I.	Dykstra	901 Semino Frederick,	le Ro Md. 2	ad 1701
-	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)		NCE OF	ene interpt		MOITION GIVEN IN P.	ART ho	
0.00	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	190 DATE OF OPERATION 196 CONDITION FOR WHICH				200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	AUSES OF D	USED DEATH?
		HOUR A.	F INJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM 18, PART I OR P	ART 2)	
1	OR CONTRIBUTING CAUSE OF D. LIFETIME OF ONE Y MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN COU	NTY	STATE
	220 I certify that (1) (this has sow the decea above (1) week.	- 1 has	-		nd that (Cay) (our) apinion (deoth occurred on the	date and have and lea	om the couse	
	B	6	Ce			MEDICAL ST DIRECTOR PHYS		2/2	5/50
	22d PHYSICIAN'S NAME (TYPE		0204	M.D.	4 West 7th		rederick, M	id. 21	701
23	30. BURIAL, CREMATION, REMOVA	L 23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

BP DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: A should be detached for use with the State Dept of Hea MEORTANT. If he

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Cremation

R.E. Dailey & Son, PA

2-24-1986

23(NAME OF CEMETERY OR CREMATORY Smithsburg Crematory

23d LOCATION Smithsburg, Washington, Md.

1201 N. Market Streets DAIE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Frederick, Md. 2170 EB 28 1936 Julia Dailon Roman

DHMH - 16 60M 7/B4 (VRA 15, 4)

Myersville, MD 21773 Home

2-18-86

JAMES L. ROESSUER MD

230. BURIAL, CREMATION, REMOVAL

Burial

236 NAME OF CEMETERY OF CREMATORY Mt. Zion U. Methodist Myersville FrederickMaryland 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Julia Davidson Randelle

NIDDLETOWN

45.653

Frederick, Md. 21701

(VRA 15, 4)

.E.Dailey & Son



		F	OR			DEI		TE OF MARY	LAND MENTAL HYO	CIENE (*)	,	0 5		1 4
Of	55195	- 5				01.		FICATE OF		0	REG. NO.	0 5	Lo th	4 4
00	A WEIGHT AND THE	1. DECE	ASED NAME	FIRST		MIDDLE	12.00 m	LAST		20. DATE O		ONTH DAY	YEAR 21	L HOUR
	nay be page 3 r death	(TIPE OR	F	arl	Wi	lliam	(ilbert				2 18	1986	M
		3. SEX		100	4. RACE			OF BIRTH	_ YEAR	6. AGE (IN)	FEARS LAST BIRTH	DAY) IF UN		FUNDER 24 HRS
	oge 4	Mal			White		Apr.	1 12	1917		68	YRS.		
	h. Po	COS	HPLACE (STATE O	R FOREIGN	76. CITIZEN OF		NTRY? 8 MARE	ED - NEVER	MARRIED -			COUNTY OF	EATH	
	op of		yland OR TOWN OF DE	ATU		S.A.	WIDON		DIVORCED [rederio		NIND OF	MD. BUSINESS OR
-	ofter d will	1		AIU	(IF NOT IN SUC	CH FACILITY, GIVE	E STREET ADDRESS)		3111011014	(TYPE OF WOR	enance	WORKING LIFE) IN	State	
120	ours of file		MONY RESIDENCE (# NU	RSING HOME OR	OTHER INSTITUTION	GIVE RESIDENC	HOLLOW E BEFORE ADMISSIO							
ND 2	24 h		vland		erick	Harmo		13d. INSIDE	NO X	130 STREET 4441	Fishe:	rs Holl	ow Rd	21773
YLA	ithin ithin		HER'S NAME		WIDDLE	LA		15. MOTHE	R'S MAIDEN NA		MIDDLE		1.65	
MAR	w pa	Mil	ton	M	WIDDLE	Gilbe	ert		Annie				bingto	
ORE,	wecut		S DECEASED EVE		MED FORCES?		L SECURITY NO	17. INFORA			444T	ishers	Hollo	w Road
TIMO	S. Po	No				216-0	7-0333	Denni	s W. Gi	lbert	Myers	ville,	MD_217	773
BAI.	ficate physici navol.	11	PART I. DE ATH	TH (Enter on	ly ane cause per D BY	line for (a)	ib, and ic.						BET WEEN ON	SET AND DEATH
Z ST.	certifi on rem			IMMEDIAT	E CAUSE (a))/	MA							
STOP	de d		Canditions, if on	v which	DUE TO, O		SEQUENCE OF	liso	717					
98	he d		gave rise to in	nmediate	DUETO		SEQUENCE OF		<i>"</i>		7718			E = 8-1
× i	the state of		underlying caus		(c)_		51001110101	2017			1000			
DS, 20	quires signe hen p to bur ijury, (ART 2 OTHER SK	GNIFICANT	CONDITIONS C	ONTRIBUTIN	G TO DEATH B	T NOT RELAT	ED TO THE TERA	MINAL DISEAS	E OR COND	ITION GIVEN I	PART 110	
RECORDS	been remit. T	CERTIFICATION	a. DATE OF OPER	ATION	196 COND	ITION FOR V	VHICH OPERAT	ON WAS PERI	ORMED	20a AUT	OPSY?	20b. IF YES, WE	RE FINDING	SS USED
AL RE	hos hos	TIFIC					100	-	5.500	YES 🗌	NOM	YES	CAUSES	NO [
DIVISION OF VITAL	hysical ficate fransit Hygie		R CONTRIBUTING			FINJURY	H DAY YEA	21c. HOW	INJURY OCCUR	RED (ENTER N.	ATURE OF INJURY	IN ITEM 18 PART I	DR PART 2)	LEGY
Ö	SICI, ng p certi urial- tento	3 L	(IF EITHER NOTIFY ME	DICAL EXAMINER) P.	.M.	19		101					
1510	3 PHYSKIA strending pl er this certif the burial-t and Mental	WED 2	WHILE D NOT W	WHILE CORK		OF INJURY	OFFICE, FARM, ETC)	211 LOCAT	ET		CITY OR TOW	N (OUNTY	STATE
No.	2 0 2 v - E		2a.L certify that (tal) estended th	ne deceased	from	1000	10	ta	211	10	X 16	at (I) (we) last
	R ATTENDIN hospital or RECTOR: Af- ned for use o- pt. of Health em 21 is mo.		saw the deced	sed alive an	().	20	19 6	and that in (m	y) (au Lapinian	death accurre	ed an the date	and haur and	fram the ca	uses stated
	8 4 8 9 G 5	2	26. SIGNATURE	(did) (did no	/ 1 /	arrer death.		DEGREE		X 1	-		220 DATESTO	GNED
	Te a se a		Ha	4 17	HILM	Jun		M	PHYSICIAN [MEDICAL	ST AFF		47	408
	HOSPITAL ned by the FUNERAL side be der the Stote ORTANT.	2	d. PHYSICIAN'S					22e ADDR				1	1 100	21701
	retained by TO FUNER, should be d with the Sta IMPORTAN	-	Lloyd E.				Tan Maria		Toll H			rederic	K, MD	21/01
			RIAL, CREMATION	I, REMOVAL		1986			R CREMATORY			Frederi	ok Mar	extland
			ERAL DIRECTORY	01.	4	1		y ceriet						
	DHMH - 16 50M 4/82 (VRA 15, 4)	7	ketts Fu	neral	Home M		oress 111e. MI	21773	1 [1]	0 441	300	Juna vin	Ver200	4
	BP DHMH - 16 50M 4/82	24 FU	-owell or	Ru	2-21-) ADI	DRESS	y Cenet		Harm	ony	Frederi		

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26. HOUR TYPE OR PRINTI GINGELL Jenna Ann February 1 1986 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX 10 January 22, 1986 Female White JE BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Frederick County Maryland WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Frederick Memorial Hospital infant Frederick 136 COUNTY 13a STATE 13d INSIDECITY LIMITS? 13e STREET ADDRESS Frederick 17430 B N. Seton Ave. Emmitsburg Maryland NO X 15. MOTHER'S MAIDEN NAME IL FATHER'S NAME Terryl Loriann MIDDLE Seiferd Gingell Herbert Emmitsbåfdgs MD 21727 Herbert T. Gingell, 17430B N. Seton Ave. 166 SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) None 18 CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

P.M

19

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOX

NO [

STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES T

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN STREET AT HOME STREET, FACTORY, OFFICE, FARM ETC 1 NOT WHILE to February January 22 19 86 220.1 certify that (1) (this haspital) attended the deceased from.

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING MEDICAL

DIRECTOR PHYSICIAN

200 AUTOPSY?

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

above, (1) (we) (did) (did not) view the body after death

saw the deceased alive an_

226. SIGMATUR

190 DATE OF OPERATION

23b. DATE

22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

DEGREE

BP 24 FUNERAL DIRECTOR

with the S MPORTA

CERTIFICATION

DHMH - 16 50M 4/82 (VRA 15, 4)

pe

Burial 4 February

230 BURIAL, CREMATION, REMOVAL

Emmitsburg Memorial

PHYSIC IAN

Emmitsburg, Frederick 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Skiles Funeral Home, EmmitsBurg, MD 21727

For the services of the ASSAS OF A CHIEF FROM A PROPERTY AND AND THE

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL 236. DATE

Dr. Timothy Hickey, Jr., M.D.

106 East Church Street, Frederick, Md. 21701

MATHYSICIAN'S NAME MOR CREEKING

24 FUNERAL DIRECTOR Smith, Keeney and Basford

236 NAME OF CEMETERY OR CREMATORY 1986 Mt, Carmel Methodist

22e ADDRESS

STATE

Frederick, Frederick

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Parkview Medical Center, Frederick, Md. 21701

The contract of the contract o manda do inches or a paier 4 ps; viral 1 mengiland fra 1780 X 1800 Comment of the 1885 Comment of the 1800 Industry I wont soaffal ormal same To the state of the company of the c in distribution was a line of the contract content content to the content of the parial colonia, 12, 1986 to beauty chindren reduction, medicine, Md. seol Largary Inches Line man int burne troot, reducts, M. 1701

FOR STATE

05911

page 3

injury, ar other traumotic event, the medical

MPORTANT: If Item 21 is marked ar Item 18 shows

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN The law

TO HOSPITAL

BP.

etained by the hospital or ottending physicio

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	FRANKLIN	JOSHUA	GRUBER	2/2.	2/86 4:45 pm
	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	MALE	WHITE	5 24 1910	75 YRS	
-	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	TY OF DEATH
Š	MD	USA	WIDOWED DIVORCED	☐ FREDERICK	
j	B CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
Ĺ	UNION BRIDGE	10932 GREEN V		MECHANIC	AUTO/REPAIR
ě	JAL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY OR TOWN	N 134 INSIDE CITY LIMITS		
		EDERICKUNION B		10932 Green	Valley Rd.
-	14. FATHER'S NAME	MIODLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
0	WILLIAM	GRUBER	ELIZABE:		ARNOLD
1		VE WAR OR DATES)		ADDRES Rd.	
	NO N	I/A 217-10	-0194 Naomi 1	L. Gruber 10932	
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b),	dichi	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		TE CAUSE (o)	rur y av	eme	days
1		DUE TO, OR AS A CONSEQUE	INCE OF	0 000	21 1 2 1 2
	Conditions, if any, which gave rise to immediate	(b)	aur au	i hasia	grand
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF		0
	0.000 0.0000000000000000000000000000000	(c)			
1		ONDITIONS CONTRIBUTING TO D		TERMINAL DISEASE OR CONDITION O	SIVEN IN PART 110
-	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF)	YES, WERE FINDINGS USED
-	DE				TIFYING CAUSES OF DEATH? YES NO NO
1	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM)	
F	OR COLUMNIA CITY OF OF OF		AY YEAR		
	UIF EITHER NOTIFY MEDICAL EXAMINES	21e PLACE OF INJURY	211 LOCATION		
	WHILE ONOT WHILE O	(AT HOME STREET FACTORY, OFFICE FA	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
	22a. certify that (I) (this hasp	tell-attended the deceased from_	7-6 197	4 10 27	19 8 C , that (1) (we) lost
	saw the deceased alive an	1-27 at) view the body after death.	and that in (my) (our) opin	nion death accurred on the date and h	iour and from the causes stated
	22b. SIGNATURE	in view the body offer deom.	DEGREE		22c. DATE SIGNED
	Pohra	in Bar	ATTENDIN PHYSICIAL	G ARDICAL STAFF N DIRECTOR PHYSICIAN	2-24-66
	22d. PHYS/CIAN'S NAME (TYPE C	OR PRINT)	22e ADDRESS		
	EDHRAIM	BARZAG	SA NEW	WINDSOR,	md. 217-76
	230. BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c. N	NAME OF CEMETERY OR CREMATO	RY 23d. LOCATION	
	BURIAL	2/26/86 Roc	cky Hill Cemet	tery Woodsboro	Frederick MD
	24 FUNERAL DIRECTOR G. D	ouglas Stauff	er 25a.	DATE REC'D. BY REGISTRAR 256 REGI	ISTRAR'S SIGNATURE
	1621 Opossumto	WDDWE22	erick MD	FFR 26 1986	hydriggen-Noutre

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4) 1621 Opossumtown Pike, Frederick, MD FOR

REGISTRAR DECEASED NAME

- STATE

CERTIFICATION

MEDICAL

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

brua	ry	11	, 1	986	7:00	P
DEATH			DAY	YEAR	2b. HOUR	1
REG. N	10.	10		-10		

TYPE OR PRINT)	Ida	B	eatrice		HALL		F	ebrua:	ry 11	, 19	86	7:00	PM
Female BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland					DATE OF BIRTH Sept. 30, 1907		6 AGE (IN YEARS LAST BIRTHDAY)		YRS.	MONTHS.	R I YEAR DAYS	IF UNDER	24 HRS MIN.
		76. CITIZEN OF WHAT COUNTRY? 8 MARRIET WIDOWE			NEVER /	Frederick County						MD.	
CITY OR TOWN OF DEATH Frederick			F HOSPITAL, NURSING SUCH FACILITY, GIVE STREET A CLAN NUTSI			TITUTION		OCCUPAT RK FOR MOST OF Memak	OF WORKING		USTRY	F BUSINE	SSOR
SUAL RESIDENCE (FN 30. STATE Maryland	1136 COU		ON GIVE RESIDENCE BEFORE 13c CITY OR TOWN Frederic	V 1	13d. INSIDE C	ITY LIMITS?	13e STREET 9807	ADDRESS Hall	ZIP COL	E 21	701	1	m
FATHER'S NAME Calvin		MIDDLE C.	Cronwell			S MAIDEN NAM		Louis	a	В	aker		F 3

No	None	219-36-3994	Frederick, Md. 21701
18 CAUSE OF DEATH	ATH (Enter only one col WAS CAUSED BY: IMMEDIATE CAUSE	use per line for (o), (b), and (c))	APPROXIMATE INTERVA BETWEEN ONSE! AND DE U-5 de
Conditions, if or		TO, OR AS A CONSEQUENCE OF	
gove rise to i couse ia, sto underlying cou	ting the DUE	TO, OR AS A CONSEQUENCE OF	

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

22a.1 certify that (1) (this hospital) ottended the deceased from

21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC)

21f LOCATION

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

Mrs. L. Louise Swartz 53 Hamilton Ave.

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO F

sow the deceased alive on_ that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE 22¢ DATE SIGNED

Dr. Charles R. Clark

22e ADDRESS

4 West Seventh St., Frederick, Md. 21701

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

23a BURIAL, CREMATION, REMOVAL (SPECIBURIAL) Feb. 14. 1986

NOT WHILE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

23¢ NAME OF CEMETERY OR CREMATORY Mt. Carmel Cemetery

Frederick, Frederick, Md.

24 FUNERAL DIRECT Smith, Keeney & Basford Funeral Home, The 106 Bast Church St., Frederick, Md. 21701

old be detached the State Dept. BP. (VRA 15, 4)

DHMH - 16 60M 7/84

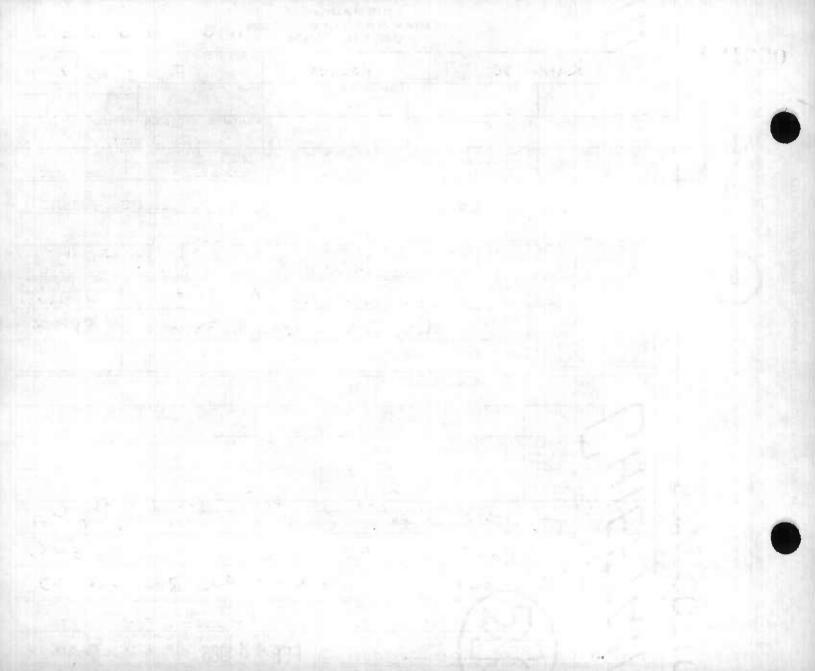
The state of the s S. e-John J. C. HAND BEST OF THE STEEL STREET, F. 122 LOWE . LESSED BEEN

TOLE OF SEPTEMBER 22. THE SEPTEMBER 22. TANK 21/01 - 0142

Andrew College

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) KATHERINE HALLER 10 Elizabeth 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH Female White 30. 1900 Dec. IN BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Frederick Countt, WIDOWED DIVORCED Maryland NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO. CITY OF TOWN OF DEATH 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Frederick Memorial Hospital Frederick Housewife Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 113b. COUNTY 13c CITY OR TOWN 113d. INSIDE CITY LIMITS? 13a, STREET ADDRESS Frederick Brunswick 605 Brunswick St. Maryland YES NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST William Edgar Paige Angevine Margaret Elizabeth 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT 605 Brunswick St. 214-30-2058 No William L. Haller - Brunswick, Md. 21716 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: P. rebusuaicular 11 GUV IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Autrisselevate Vaicular Disease Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO Z YES [NO T Нуді 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21 a. PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from reh saw the deceased alive on FCG sabave, (1) live) (did) (did not view the body after death. and that in (my) (our) apinion death occurred on the date and haur and from the causes stated 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS ld b AUE RAUSWICK MD NLAND 230. BURIAL CREMATION, REMOVAL 23c, NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 2/6/86 Mt. Olivet Cemetery BP Frederick, Frederick, Md. 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 JohntT. Williams Funeral Home Brunswick, Md. (VRA 15, 4)

STATE OF MARYLAND



Skilles Funeral Home, Emmitsburg, MD 21727-042

FOR

REGISTRAR

DECEASED NAME

- STATE

066132

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2ª DATE OF DEATH 26. HOUR 130P 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR **BALTIMORE CITY OR COUNTY OF DEATH** Frederick County 126. KIND OF BUSINESS OR Housekeeper Own House 807 W. Main St. 21727 MIDDLE Glacken Miss. June Hardman, 807 W. Main St. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE _, and that in (my) (and) opinion death occurred on the date and hour and from the couses stated DIRECTOR PHYSICIAN 1475 Taney Ave. Frederick, MD 21701 23c. NAME OF CEMETERY OR CREMATORY 19 Feb 86 Emmitsburg, Memoriall Emmitsburg

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY

24 FUNERAL DIRECTOR

STATE OF MARYLAND

MELVING - SHE ARRIVED AND ED THE FALL OF THE PROPERTY OF THE PARTY OF T To de me Kenter King of The Marie Land Street Street of T AND FREETH ROMASTON A SENS PLEASE TERM Cando Anthre Tricke Paris - Ambaga Bush the second of the second 27 - 17 17 17 17 CURRENT SEATON SEATON OF THE S 23-36 ATALIS - YEAR OF LAND MICHAEL TO COMMIT British Andrews Andrew

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	VG PHYSICIAN: The low requires that the death certificate by assessed without house after death. For	ter this certificate hos been signed by the attending physical arreses that the horiotivation of the best of the period of the places remove carbonapp
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	NG PHYSICIAN: The	ol-tro
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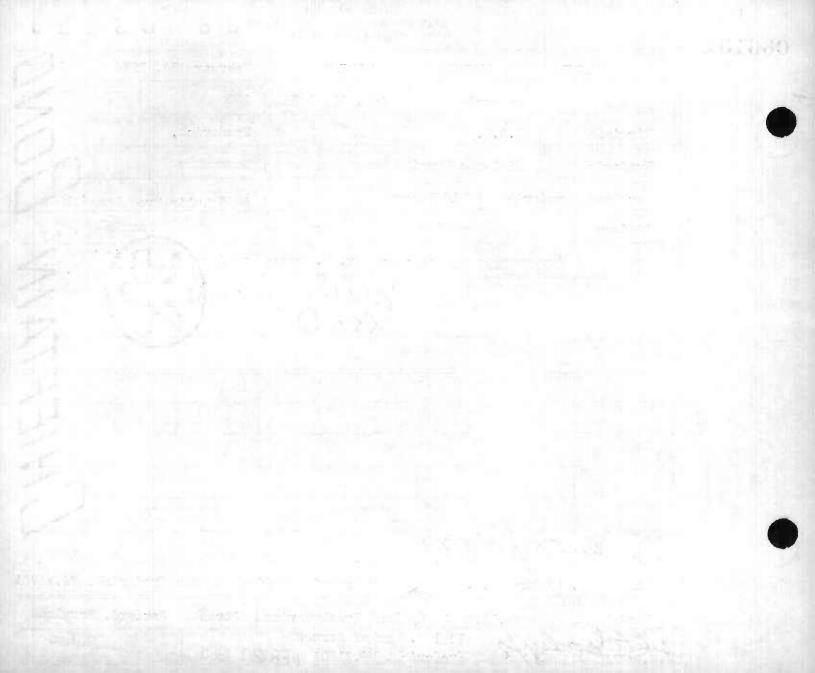
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

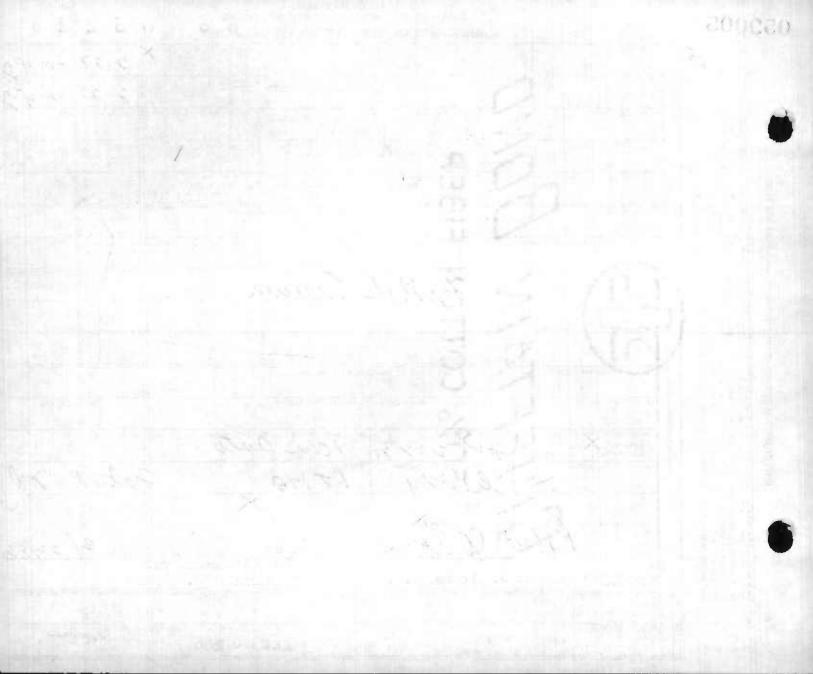
		REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.					
		CEASED NAME FIRST NANNIE	ELMEADA		IOPKINS	February		7:00p _M			
	3 SEX	Female	4 RACE Caucasian		ig. 21, 1885	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA				
3	7a. BII	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76 CITIZEN OF WHAT COUNTRY	7? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH Frederick,					
0		TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL, NURS (JE NOT IN SUCH FACILITY GIVE STRE Citizens Nurs	ing Ho	ome	120 USUAL OCCUPATI Homemaket	D OF BUSINESS OR RY None				
5	T3a S	Maryland Fre	OR OTHER INSTITUTION GIVE RESIDENCE BEFO UNITY 134 CITY OR TO derick Middle			13e STREET ADDRESS A	ZIP CODE	e/21769			
0	I4 FA	Addison	Hopkins		Nancy	WIDDLE	Martin	LAST			
1	16a W	VAS DECEASED EVER IN U.S. /	ARMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES! 220-48		Mr. H. Bryce		1499 Tulip 1				
		PART I. DE ATH WAS CAU	only one cause per line for (a), (b), o SED BY: ATE CAUSE (a)	and ic On	edien a	nex		ROXMATE INTERVAL EN ONSET AND DEATH			
		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c)	/	USHD						
	NOI	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	D DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART	Ira			
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	DN WAS PERFORMED	200 AUTOPSY?	20b, IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH?			
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER NOTIFY MEDICAL EXAMIN		DAY YEAR	21c. HOW INJURY OCCURR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE			
			pital) attended the deceased fram not		nd that in (my) (aur) apinian a	, to death occurred on the de		the couses stated			
,		22h SIGNATURE TYPE	ofellow)	М	DEGREE ATTENDING PHYSICIAN X 122e ADDRESS	MEDICAL STAI DIRECTOR PHYSIC	FF	7-1986			
9		Timothy F. H	Lckey, M.D.		Parkview Med		r Frederick	, Md.21701			
		URIAL, CREMATION, REMOVA SPECIFY) Burial	Feb. 18,1986 H	ighlan			Harford,				
	1	of City Country	1201 _{ES}	N. Mar	ket Streets DATE	PREC'D. BY REGISTRAR	25h REGISTRAR'S SIGN	Condette 1			

Frederick, Md.21701

DHMH - 16 60M 7/84 (VRA 15, 4)



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD, "PENDIONG" IN TIEM 18, OFF PAGES 1, 2 ROPD TO THE CHEE MEDICAL EXAMINER ALONG WITH FORM PM.	r. PAGES A		NO			ONE		228	-94-61	95	ANDRE	EA H.	HORN		EMMIT	SRIII	RG	MD		
RS S	2 ≥		18 CAUSEO	F DEATH /En			nos lina) and (A)						14 14 14 1	ODO.	10.		ROXIMATE	INTERVAL
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¥8¥	TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARMAND, 21201		EXAMINER'S (TYPE OR PRII	NT)	kobe	rt J	· Th	omas	M.D.		_ADDRESS_	Frede	erick	, Md	1. 217	701				
TO M	548 -	23a.Bt	JRIAL, CREMA	TION, REMO	VAL 231	DATE		734	NAME OF C	METERY	OR CREMAT	ORY	[23d LC	CATION						
	3 5 5	(5	PECHTY)				100									TIDE	COUNT		51/	
07/84 BP		24 51	BURI			2/25	/80	UP	K HILI	, CEN	TETERY	25a DATE 1		GORE	DAD ISSUE	FRE	DER.	TCK	[1D
	NH - 17	24 FL	NAME DIREC	TOR			ADDRESS					250. DATE I	REC D. BY		CAR 736 R	EGISTR.	AR'S SIC	GNATU	Tell's	
(VR A)	5 ME (5))		D. I	HAR'	TZLE	R		WOOI	SBORO	. MD	1753	TEC	140	1986	0				all .	18



STATE OF MARYLAND

eladiatetta. .v MARINE . T. PROPERTY AND ALL ST. T. P. L. All read the second of the sec

	TE ISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG, NO.	05231
1 DECEASE	GENEVARE		THER DOY	20 DATE OF DEATH MONTH	3 86 02/03/
ge 4 mg	FEMALE	WHITE	5. DATE OF BIRTH MONTH DAY 041405	6 AGE (IN YEARS LAST BIRTHDAY) 03 82 YRS	FUNDER LYEAR IFU.
	LACE (STATE OR FOREIGN 76 C	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUN	TREDERICK
			HOME OR OTHER INSTITUTION CORPMENDED TO THE CORP INSTITUTION	120 USUAL OCCUPATION	OD INSUETRVICE
So MIDTE	SIDENCE (IF NURSING HOME OR OTHER 136, COUNTY R	EDER CKTY OR TONT	BERTY TOWN ITY LIMITE	13e.STREET ADDRESS / ZIP1C2	20061 MAIN ST./
ed within and 2 should be seen that the seen seen seen seen seen seen seen se	ROY GARDNER	LAST	15. MOTHER'S MAIDEN NA	MARY GENEVIE	
	DECEASED EVER IN U.S. ARMED OR UNKNOWN) (IF YES GIVE W)	ONE 166 SOCIAL SECUR	3-18-3621 EL	EANOR LAMBERT	12061 MAIN ST
a physical on paper emaval.	AUSE OF DEATH Enter only on ART I. DEATH WAS CAUSED BY IMMEDIATE CA	Winds	internament		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	nditions, if ony, which	DUE TO, OR AS A CONSEQUE	UMS		
the fare con	ve rise to immediate see (a), stating the lerlying couse lost	DUE TO, OR AS A CONSEQUEN	NCE OF		
	T 2 OTHER SIGNIFICANT COND	OUTIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (GIVEN IN PART 110
F S S S S S S S S S S S S S S S S S S S	DATE OF OPERATION	196 CONDITION FOR WHICH O	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
5 E E E E E E E E E	ONTRIBUTING CAUSE OF DEATH		Y YEAR 21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART : OR PART 2)
10 2 0 2 0 2		P.M. FIG. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Ish on the list of	DRK AT WORK	And ded Aberderson d'	V412 26 10 81	6 2117	

TH SIGNATUR

ATTENDING MEDICAL PHYSICIAN DIRECTOR 22e ADDRESS

STAFF PHYSICIAN

and that in (my) (a c) opinion death occurred on the date and hour and from the causes stated

220 DATE SIGNED

230 BURIAL, CREMATION, REMOVAL

sow the deceased alive on

02/06/86

134 NAME OF CEMETERY OF CREMATORY
FAIRMOUNT CEMETERY

DEGREE

L'TBERTYTOWN

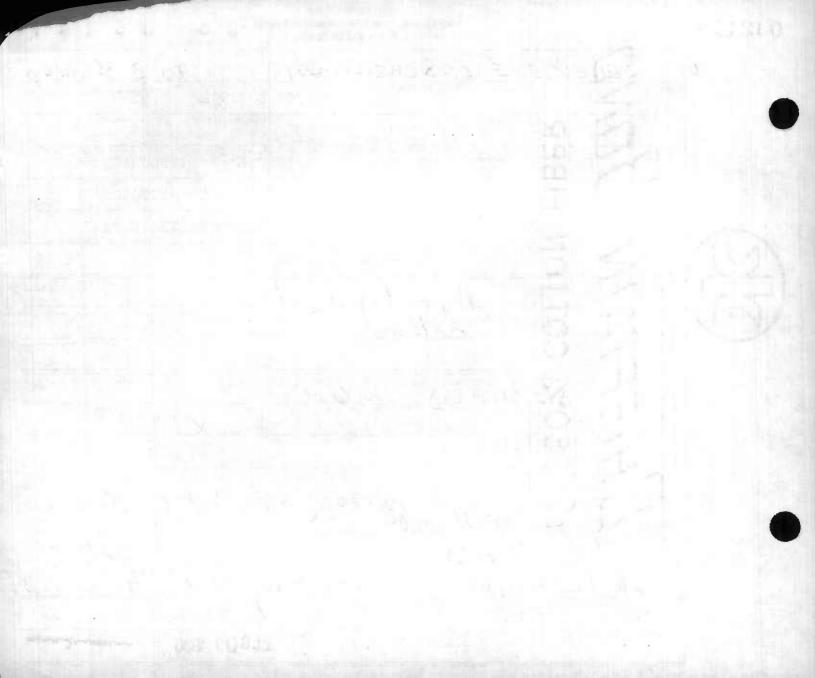
MD FRED.

24 FUNERALDIRECHORRTZLER

LIBERTYTOWN, MD

REGISTRAR'S SIGNATURE COMP

BP.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-			1,000	-00	(Sheat)	
8	0	0	5	- Long	3	d
	REG. NO.					

S. 1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	J U
090	DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	CLARENCE	NELSON	KLINE	FEDRUMAY 28,	1986 1:30 PM
3 S	EX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
M	ale	White	January 31, 1899	87 YRS	MONTHS DAYS HOURS MIN.
20	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	RAITIMORE CITY OF COUNT	Y OF DEATH
15 M	aryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Frederick	MD.
ギン	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING 11. NAME OF HOSPITAL, NURSING 11. Philip	NG HOME OR OTHER INSTITUTION ADDRESS! Road	12a USUAL OCCUPATION (IXPE OF WORK FOR MOST OF WORKING Dairy Farmer	126 KIND OF BUSINESS OR
3/ 130	ual residence (# nursing home or STATE 135 COUN [aryland Frede	TY 134 CITY OR TOW	13d. INSIDE CITY LIMITS? YES NO 💆	130 STREET ADDRESS / ZIP COL 6410 Mt. Phi	lip Road 21701
19/1/14	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	1461
P R		elson Kline	Emma	Jane	Lewis
160 N	, , , , , , , , , , , , , , , , , , , ,	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 220-28-2		6410 Mt. Philip Frederick, MD 2	Road
Office events, Na	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), and BY E CAUSE (a) DUE TO, OR AS A CONSEQUI	FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
or other traum	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE			
Z C	CHRO		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART Tra
Bides on min	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \(\text{NO} \)
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F		CITY OR TOWN	COUNTY STATE
6.21 th m	saw the deceased alive an abave, (1) (was taid) (did no	19 attended the deceased fram_ 22 FERILLIANS 19 19 19 19 19 19 19 19 19 19 19 19 19	Ft and that in (my) (and apinion	to 756. 28 and ho	that (I) (ve) last our and from the causes stated
- N	22b. SIGNATURE	Smith)		MEDICAL STAFF DIRECTOR PHYSICIAN	28 FED SE
180	George I. S	Smith, Jr.	22e ADDRESS 804 Toll H	louse Ave., Frede	rick, MD 21701
230	BURIAL, CREMATION, REMOVAL	23b. DATE Mar. 3. 1986 Mt	· Hope Cemetery or crematory	Woodsboro Fred	erick Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

Ricketts Funeral Home Myersville, MD 21773

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

LUDGUS VO

STATE OF MARYLAND



028	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	05234
t deoth		EASED NAME FIRST OR PRINT) James	Henry	LESTE	R	213	86 YEAR 26 HOUR AM
D is	3 SEX		4 RACE	5. DATE O	F BIRTH	& AGE THATEAN AND BRITISH	IF UNDER 1 YEAR IF UNDER 24 HRS
]	Male	White	Sept	. 29, 1923	62	PRS DAYS HOURS MIN.
35		RTHPLACE ISTATE OR FOREIGN OUNTRY) est Virginia	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR CO Frederick	
4		rederick	11. NAME OF HOSPITAL, NURSING THE NOWN SUCH FACILITY, OWE STREET A PROPERTY OF THE NOW STREET A PROPERT			12ª USUAL OCCUPATION	INDUSTRY Company
35	13a. S	Maryland Fi	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN Adamsto	V	131 INSIDE CITY LIMITS?		CODE Rd., 21710
De.	1	THER'S NAME James Harve	widdle Lester		IS MOTHER'S MAIDEN NA/	Mae	Williams
e medical		AS DECEASED EVER IN U.S. ALES NO OR UNKNOWN) LOS W. W.	VE WAR OR DATES)		17 INFORMANT Mrs. Mary Ali	ce Lester, Ada	40 Park Mills Rd., mstown, Md. 21710
c event, th		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS IMMEDIA	nly one couse per line for its III III ED BY: TE CAUSE (o)	ung	Cancer		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
r other traumate		Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	4	mokus		yes
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART 110
ows ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	FYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATHS
18 sh		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN II	IEM 18 PART I OR PART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
			oital) attended the deceased from	on	DEGREE	, to	nd hour and from the causes stated 72c. DATE SIGNED 213
PORTAN		22d PHYSICIAN SHAME (IVPE	ORPRINS). GISON		1220 ADDRESS	They 1	VS, Frederick, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

23a BURIAL, CREMATION, REMOVAL

Burial

uneral director whethe (.. / Jarjon L. Smith, Keeney and Basford Funeral Home Church Street, Frederick, Md. 21701

23b. DATE

Feb, 16,

23c NAME OF CEMETERY OR CREMATORY

Elint Hill Cemetery

Adamstown, Frederick, Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S STONATURE

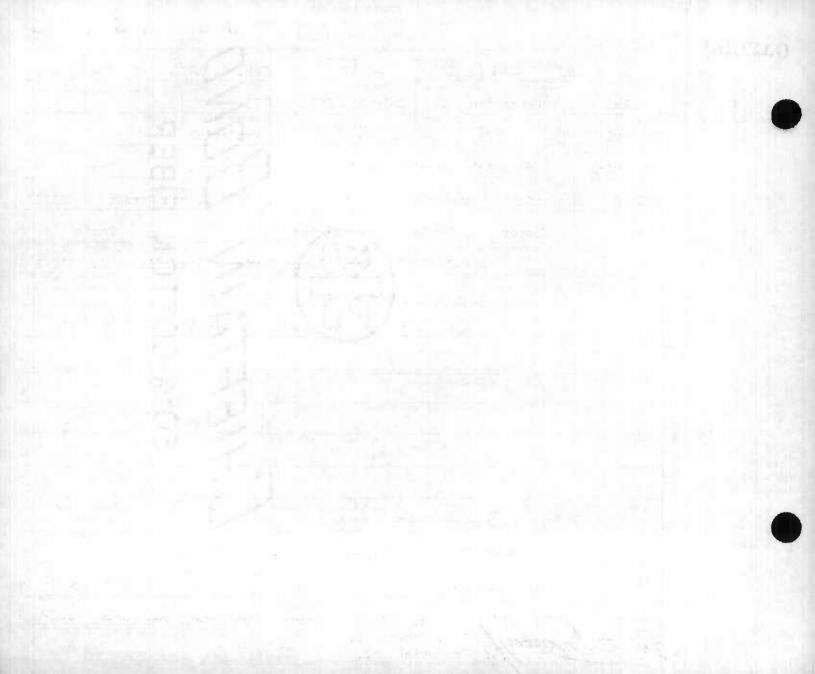
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42093		CEASED NAME FIRST	RIOVOE	MIDOLE		AST J FWTC		DEATH MONTH	DAY YEAR	26 HOUR
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4 mo	3 SE		4. RACE		5. DATE C			ARS LAST BIRTHOAY)	MONTHS DAY	
oge ours o		Male	Caucasi		July	13, 1912 YEAR	73		rRS .	
nerol d	N	RTHPLACE (STATE OR FOREIGN OUNTRY) [issouri	US	WHAT COUNTRY?	WIDOWE		Frede	rick	UNTY OF DEATH	MD.
s offer o		TY OR TOWN OF DEATH Frederick	Freder	ick Memori	ADDRESS)	or other institution ospital	TYPE OF WORK	OCCUPATION FOR MOST OF WORK	(ING LIFE) INDUSTE	
24 hour		AL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION OUNTY ederick	13c CITY OR TOW Frederic		13d. INSIDE CITY LIMITS?	13e.STREET A	DDRESS / ZIP W. 9th	CODE Street	21701
within within \$2 sho		THER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		WIDDLE		LAST
ompl on l		Guild	Cooper	Lewis		Elmina		ADDDESS T		wis
n ond c		VAS DECEASED EVER IN U.S (ES. NO OR UNKNOWN) (IF YE	5. GIVE WAR OR DATES)	490-10-89		Mrs. Bloyce	Lewis		506 W. 9 rick, Md	
ysicio opers vol. rt, the		18 CAUSE OF DEATH (Enter	er only one couse pe				1 1 11		APPR BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
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he at emov emotic		Conditions, if any, which gove rise to immediate cause (a), stating the	e)	OR AS A CONSEQUE		(
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signec hen ple to burie	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE	OR CONDITIO	N GIVEN IN PART	110
been prior ony in	CERTIFICATION	190 DATE OF OPERATION	19b. COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	PSY? 20b.	IF YES, WERE FIN	DINGS USED
The Lion	RTIFI						YES [NOLA	YES 🗌	NO []
physic physic of Hygin of Hygi		210. ACCIDENT WAS UNDERLYING	F DEATH HOUR A	.M. MONTH DA		21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN ITE	EM 18 PART I OR PART 2	1
YSIC Jing S cert burio Ment	MEDICAL	THE EITHER NOTIFY MEDICAL EXAL	21e PLACE	OF INJURY	19	211 LOCATION				
G PH offen er thi s the l	ME	WHILE NOT WHILE	LAT HOME ST	TREET FACTORY OFFICE F	ARM ETC)	STREET		CITY OR TOWN	COUNTY	STATE
NDIN I or		22a. I certify that ((this h			1	31 19 81	, to	717	19 46	, that (Dwe) last
Spiro CTOI of h		saw the deceased aliv above, (1) we) (did (di	d not view the body	after death.	0		death occurred	d on the date on	d hour and from t	
the hor tocked by DIRE	H	226. SIGNATURE	· Co	~	2	ATTENDING	MEDICAL	STAFF	150	TE SIGNED
SPITA LERA LERA LERA LERA LERA LERA LERA LER		224 PHYSICIAN'S NAME (22e ADDRESS	DIRECTORI	PHYSICIAN [0	
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F 2 1 1 1 -		SURIAL, CREMATION, REMO	VAL 23b. DATE 4/7/8			EMETERY OR CREMATORY	23d LOCA	OR TOWN	COUNTY	Money
BP	24, F	Burial		201 N M		vet Cemetery			rederick EGISTRAR'S SIGN	, Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)	R.	F. Dailey	Son, MA	Freder			B07 #	986	- souridiser-l	fondelle



Smith, Keeney and Basford Funeral Home

106 East Church St., Frederick, Md. 21701

DHMH - 16 60M 7/B4 (VRA 15, 4)

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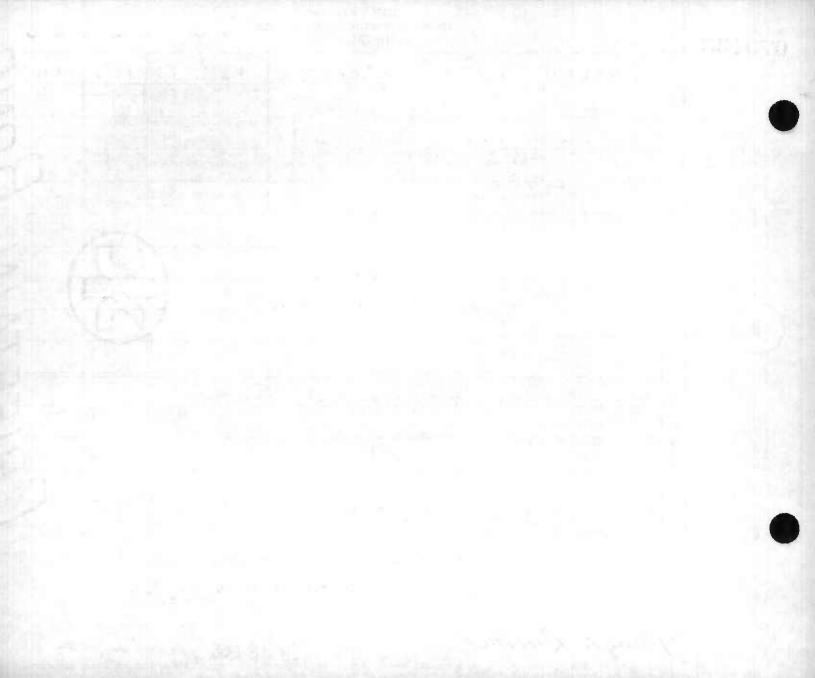
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

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27.5	0	CHRONIC PULMO	narry DISEASE, COBSTO	enctive); D	ABETES .		
古書書を記り	7 TIFICAT	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		206 AUTOPSY?		ERE FINDINGS USED IG CAUSES OF DEATH?
	CAL CER	? (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	ORPART 2)
the this of the burner of the	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	? LE PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY STATE
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data DIRES deroched one Dept		Michael S.	Rudonau, No	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF IIAN []	2.22-86
Sould be the St		MICHAEL S R		220 ADDRESS Middle to	on, mo	21769	
P	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Temation		emetery or crematory arg Crematory	Smithsbu	rg Wash	ington Maryl
H - 16 60M 7/84 (VRA 15, 4)	P	The Spiral	chette ome Myersville, MD	127 = 1	2 8 1986 44	256. REGISTRAR	'S SIGNATURE

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR MCCARTER ELEN 22 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4 RACE IF UNDER I YEAR IF UNDER 24 HRS May 10, 1902 YEAR Female White 83 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington, D.C. U.S.A. DIVORCED [Frederick WIDOWEDX 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Frederick Memorial Hospital Frederick Clerk TRS IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Frederick Myersville 21773 Maryland 6 Walnut Street NO [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST McClean Ella Arthur McKnight nut Street ville, MD 21773 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10 days GIVEN IN PART Va YES, WERE FINDINGS USED



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 2 3

ь.	REGISTRAR					REG. N	٥.				
T	DECEASED NAME F	IRST	MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR		
L	TITPE OR PRINT	Ethel	Moss	MORR	IS	Februar	y 14,	1986	12:05 _M		
3	SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	WONTHS WATS	IF UNDER 24 HR		
	Female	White	Э	Augr	ist 6, 1887	98	YRS	WOINTS DATS	HOURS MIN.		
7	BIRTHPLACE (STATE OR FORE	IGN 16 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH			
1	Virginia	U.S	5.A.	WIDOWE		Frederick County,					
1	CITY OR TOWN OF DEATH				OR OTHER INSTITUTION	128 USUAL OCCUPATI			OF BUSINESS OR		
1	Frederick	Citize	ens Nursi	ng Hor	ne of Fred. Co	Homema		IFE) INDUSTRY			
		HOME OR OTHER INSTITUTION COUNTY Frederick	13t CITY OR TOW Adams	N	13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS . 5544 Moun	zip cod tvill	e Rd.,	21710		
T.	FATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE	5.199				
1	Cosby	MIDDLE	Tino	der	Olivia	WIDDLE		Rhoad	es		
H	WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	5544 Mount	55 171	ьd			
L	(YES, HOOR UNKNOWN)	None	22 3024-	3901	Betty Green,	Adamstown.	MTTTC	21710			
	PART 2 OTHER SIGNIF	the DUE TO, C	DR AS A CONSEOUÉ		NOT RELATED TO THE TERM	in al disease or con	DITION GI	VEN IN PART 1	a		
1	Ó (hroute	chol	0 (11	Lia sis						
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	00.001.000.001.00	SE OF DEATH HOUR A	OF INJURY .M. MONTH DA .M.	YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS	PART OR PART 2)			
	(IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE		
	220 certify that (1) (the sow the deceased abave, (1) (we) (did)	is hospital) attended the		, ar	nd that in (my) (aur) apinion o	death occurred on the de	ote and ha	19 5.	that (I) (we) last causes stated		
	22b. SIGNATURE	L. R	ale	1		MEDICAL STAI	FF IAN 🗌	221. DATE	SIGNED 14/86		
1	22d PHYSICIAN'S NAM	E (TYPE OF PRINT)			22e ADDRESS				, , ,		
		les R. Clar	ck, M.D.		4 West Sever	th St., Fre	ederi	ck, Md.	21701		
2	30 BURIAL CREMATION REA	MOVAL 236 DATE	23r. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION					

DHMH - 16 60M 7/B4

BP.

should be detached for us with the State Dept of He

MPORTANT

TO HOSPITAL OR ATTENDING PHYSICIAN:

Smith, Keeney and Basford Funeral Home 106 Fest Church St., Frederick, Nd. 21701 (VRA 15, 4)

Burial

Zoar Baptist Cemetery Locust Grove, Orange, Virginia

a Davidson-Randalle

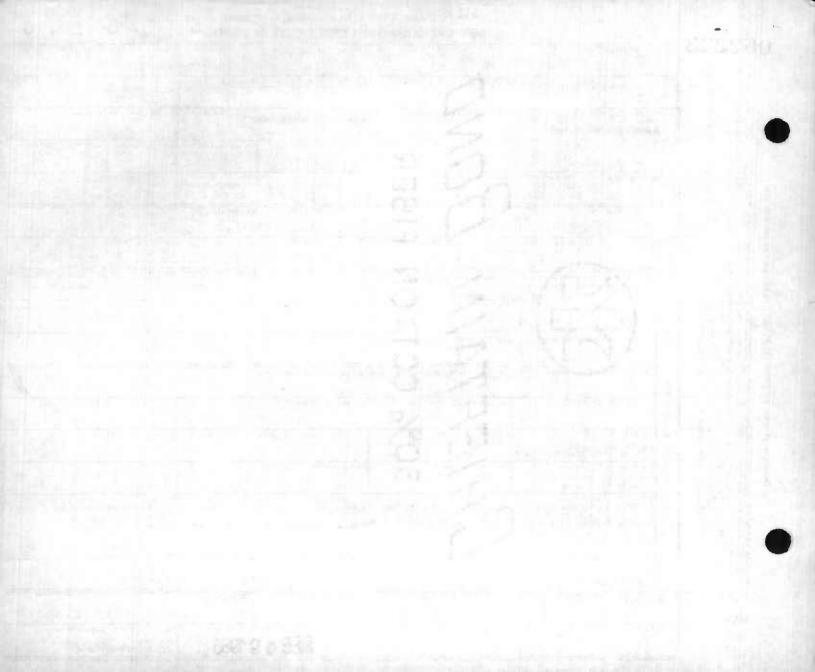
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01	-0022		STATE REGISTRAR			MEI	DICAL	EXAMIN	NER'S C	ERTIFICA	ATE OF		REG. I	181 3	1 6	4	U
U	3.46.63		CEASED NAME	FIRST			WIDDLE			LAST		20 DATI	E KNOWN	HINOM	DAY	YEAR	26 HOUR
	※京本成正 つ		-		cky	A11	en			Myers		DEAT	ESTI- A	2		1986	~
	祖の世の世	E. SE)		. RACE	S. DATI	E OF BIRTH	YEAR	6. AGE (IN Y	EARS IF UN	DER 1 YR. IF	UNDER 24	HRS. 2c. DA	TE	HTHOM	DAY	YEAR	2d HOUR
	\$255 S	Section 140	fale	White	06	12	57	28 Y	RS.			DE.	AD	2	13	19X6	5:34F
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	SPECIAL		MARYLAN			USA WIDOWED DIVORCED Frederick Coun									MD		
	の長年最高 1	10 CI	TY OR TOWN O	FDEATH				RSING HOM		ER INSTITUTIO	ON II	O. USUAL OCC		YPE OF WORK		ID OF BUS	
	ACE ST		Frede							Hospit	tal	LABO					ŬCTI
21201	ANY CANY COULD	13e 5	AL RESIDENCE () TATE MD		EDER			EBEFORE ADMISS OR TOWN EDERT		13d. INSIDE CITY I	LIMITS? 13	21 E.	RESS Four	Frede th S	eric t.,	k, MI	D 7/1
Q.	# MM 3 7	14. FZ	ATHER'S NAME		MIDDLE					15. MOTHER'S	SMAIDEN	NAME	MIDDLE				
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Frederick, Maryland

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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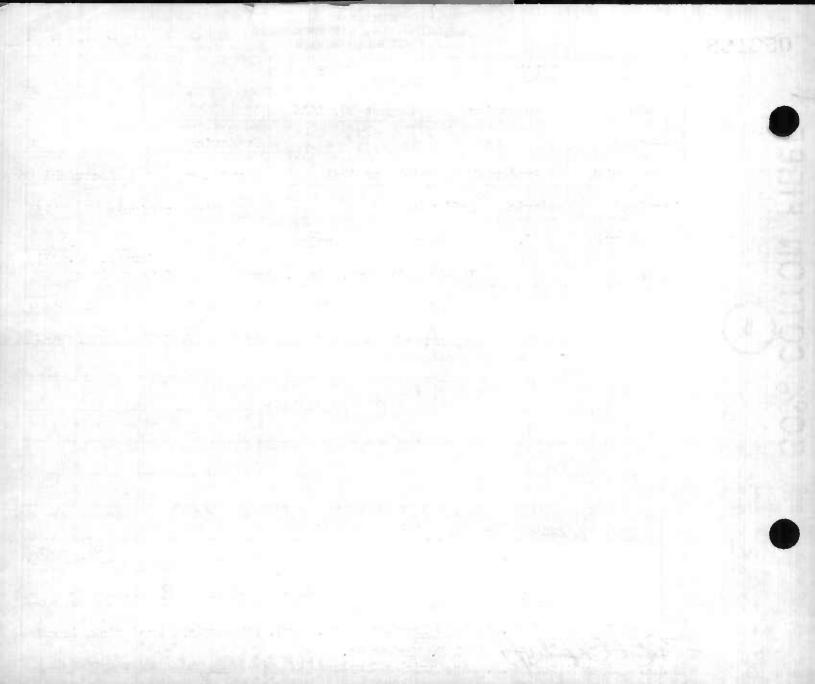
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	FOR STATE REGISTRAR	DI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 5 2 4 2
		CEASED NAME OR PRINT! Myrtle	MIDDLE	na	Naill	20. DATE OF DEATH MONT	8 1966 1130 AMM
	3. SEX	Femole	Caucasia	S. DATE O	DAY YEAR	6 AGE IN WALLAST RTHDAY	PUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS. 6 17
-	C	RTHPLACE (STATE OR FOREIGN OUNTRY) Tyland	U.S.A.	UNTRY? 8. MARRIEL WIDOWE	DIVORCED	Frederick	
)	_	YORTOWN OF DEATH -ederick	11. NAME OF HOSPITAL, (IENOT IN SUCH FACILITY, GI	NURSING HOME O		12e USUAL OCCUPATION 11YPE OF WORK FOR MOST OF WOR Housewife	126. KIND OF BUSINESS OR
)	130. S Ma	ryland Fre	ROTHER INSTITUTION GIVE RESIDEN NTY ISC. CITY COMMENCE MIC	CE BEFORE ADMISSION) OR TOWN ddletowr			CODE 21769 Letown Rd.
1	14. FA	THER'S NAME Vernon Stan	ley Runkl	es	Ellen	Irene	Wright
		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GT	VE WAR OR DATES)	al security no. -16-1848	Joan M. Sl	nafer, Same	As Above
		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	enal for	Ture Trombosis Additio - S	Dervoe s	approximate interval Between onset and death 2 days 3 weeks
	NOI	PART 2. OTHER SIGNIFICANT					ON GIVEN IN PART 110
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MON	19		RED (ENTER NATURE OF INJURY IN 17	(EM 18 PART I OR PART 2)
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (weekthat) (did no 22b. SIGNATURE	11/4 1 6/	19 96 , on	DEGREE ATTENDING	depth occurred on the date of	19 0 6 , that (I) (me) lost and hour and from the couses stated 22c DATE SIGNED
		B. O. Thor	DR PRINT) 195. Jr		22e ADDRESS	DIRECTOR PHISICIAN	1980
		URIAL, CREMATION, REMOVAL	1-22-1986		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Charles W W. Burrier, Jr., Sykesville, Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AN 23 1986 Authoritem Robbet



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	SPITAL OR ACCENDING PHYSICIAN. The low requires that the death certificate be restricted within 24 hours after death. Page 4 d by the hospital or ottending physician.	NERAL DIRECTOR. After this certificate has been signed by the ottending physical and cellulating files may it form of director be detached for use as the buriol-tronsit permit. Then please remove corbon populations and the buriol-tronsit permit of the plants of the pl
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S hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	XXNEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
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1 11 2 11	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
07	-	FREDERICK	FREDERICK MEN	MORIA	AL HOSPITAL	ENGINEER	CONSTRUCTION
A DE 2		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE
引 碧 地上			ERICK FREDER:	CK	YES X NO [601 Wyngate	Dr., 21701
1 10/11	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	WE	LAST
1 1/01			LLEN NEWELL		AMIE		TUPPER
1 75 4/		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		17 INFORMANT	ADDRESS	
1 15 4		No n	/a 067-09-	-447(David W. N	Newell Musc	atine, Iowa
coto		18 CAUSE OF DEATH (Enter on	nly ane cause per line for (a), (b), and D BY:	dic	. 21		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DHMH - 16 60M 7/84	24 FI	UNERAL DIRECTOR G. DO	uglas Stauffe	c	250 DATE	REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
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STATE OF MARYLAND

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R ATTEN hospital RECTOR ed for u pt. of H.		sow the deceased alive on above, (I) we (did i) did no	thriew the body offer death 19 and that in (my (our) opinion death occurred on the date and hour and from the causes stated							
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8P		BURIAL	2-17-86 LINGANORE UNIONVILLE COUNTY MD MATE							
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STATE OF MARYLAND

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1		CEASED NAME OR PRINT)	Laur		O.	DEA	ALZGRAF	2a. DATE OF DEATH Februar		NY YEAR	26 HOUR 5:00P M	
	3. SEX	Female		RACE Whit		S. DATE C		6 AGE (IN YEARS LAST BI	RTHDAY) II	FUNDER LYEAR	IF UNDER 24 HRS	
3	70 BIRTHPLACE STATE OR FOREIGN COUNTRY) Canada			76 CITIZEN OF WHAT COUN				9 BALTIMORE CITY OR COUNTY OF DEATH				
1	10 CITY OR TOWN OF DEATH Frederick			11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDI MERIDIAN NURSING			OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOME				
1	13a. S	aryland	136 COUN		GIVE RESIDENCE BEFO 13c CITY OR IC Frederic	WN		13. STREET ADDRESS 243 East	/ ZIP CODE Second	St.,	21701	
1		George	36.57	AID FORCESS	Or;		15 MOTHER'S MAIDEN NAMER FRANCE	WIDDLE		Harris		
į	17	VAS DECEASED EVER (ES NO ORUNKNOWN) NO		WAR OR DATES	237-06-		17 INFORMANT Mrs. Frede	rick, Md.		13 East	: 2nd St	
	h	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSED	y one couse per BY: CAUSE (a)	e couse per line fai lay (b), and ic				APPR BETWE			
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		220 I certify that (1) (this bosental) attended the deceased from Mary 400, 19, to 18, 66, 19, that the (we) last saw the deceased alive an 19, and that in (my) (eer) opinion death occurred on the date and hour and from the causes stated above, (1) (wested a) (did not) view the bady after death.										
1		226 PHYSICIAN'S NA	uti-					MEDICAL STAFF 2/10/86				
		Dr. Aus	stin A	. Pearr			804 Toll Hou		rederic	k, Md.	21701	
	(1	URIAL, CREMATION, SPECIFY) Burial		Feb. 1	2,1986 I	Piney C	EMETERY OR CREMATORY Grove Cemetery					
	24 FU 10	06 Mast Ch	mith,	Keeney St., Fr	& Basfo ederick	, Md. 2	neral Homes DATE	13 1986 TRAF	256 REGISTR	AR'S SICHALL	dies.	

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TO THE ALL STREET, W. ALTON

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE ERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN TTYPE OR PRINTS OF ESTI-TO THE FUNERAL DIRECTOR.

1 PAGE 5 FOR YOUR FILES.

BE FILED, VILLIN 72 HOURS

35, 201 W. ESTON STREET, DEATH MATED Kenneth Leon Poole 4 RACE 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED DEAD Male White 12 -44 To BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED United States WIDOWED DIVORCED Marvland Frederick County 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Union Bridge 9017 RETAIN PA Walnut Street Self-Employed Excavating 136 COUNTY 13a. STATE 13d: INSIDE CITY LIMITS? 13e STREET ADDRESS Carroll MD Union Bridge YES V 9017 Walnut Street 21791 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME EIRST MIDDLE MIDDLE LAST Kenneth Densen Poole Mabe 1 Esworthy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS LIE YES GIVE WAR OR DATES NO 215 42 2793 Mrs. Karen L. Poole Union Bridge, MI 18 CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, L, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. CATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? THE CHIEF 20. AUTOPSY? BOR ICATE, WRITING THE WOR FORWARDED TO THE CT TOR: PAGE 3 SHOULD BE UTHE STATE DEPARTMENT CAND, 21201 PRIOR TO RIND 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY INJURY OCCURRED (ENTER NA PARE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING > CONTRIBUTING CAUSE OF DEATH 1900 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET. NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STA BALLIMORE, MARYLAND, 2 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from Natural causes Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER 812 Toll House Ave. EXAMINER'S NAME Thomas, M.D. Frederick, Md. 21701 Robert J. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION COUNTY STATE BURIAL 2-20-86 AIRY FREDERICK MD 07/84 BP. LOCUST GROVE CEMETERY MT. 25M 24 FUNERAL DIRECTOR FEB 1 8 1986 256 REGISTRAR'S SIGNATURE **DHMH - 17** Harry W. Haight Sykesville, MD (VR A15 ME (5))

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 041149 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME RAUSCH 20. DATE OF DEATH (TYPE OR PRINT) 16-860 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH YEAR WHITE 06 15 1917 PE BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWEDX FREDERICK NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY NURSE HEALTH FREDERICK 13 FREDERICK 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 10171 Crestview Dr., 21701 15 MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRS! HARTUNG TDA STEWART ADDREST Prederick, MD 21701 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT HE YES GIVE WAR OR DATES! N/A 220-22-8422 Ann Heller 10171 Crestview Dr., APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I: DEATH WAS CAUSED BY: NEUMONIA IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF "Ulmonary METASTASES FROM OStogenic Canditions, if ony, which gave rise to immediate stating the DUE TO, OR AS A CONSEQUENCE OF SARcomA cause last DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a STROKE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO I 71a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC | WHILE NOT WHILE JUNUALL 86 220 1 certify that (1) (this haspital) attended the deceased from. FEB 4 saw the deceased alive an abave, (1) (4) (did) (4) view the bady after death and that in (my) (and apinion death accurred an the date and hour and fram the couses stated DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN 2-6-86 27d. PHYSICIAN'S NAME ITYPE OF PRIN 77e ADDRESS 21701 ST. FrEDERIC HSDW AL 230 BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 2/8/86 NEW CATHEDRAL BALTIMORE BALTIMORE CEM. 24 FUNERAL DIRECTOR G. Douglas Stauffer REGISTRAR 25h REGISTRAR'S SIGNATURE

1621 Opossumtown Pike, Frederick, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

1112 3:11:11

G. Douglas Stauffer

1621 Popossumtown Pike, Frederick, MD

Mt. Hope Cemetery

Port Huron St. Clara MI

Aulia Davidson Opondale

250 DALE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)



				FOR		DED 4 DE		OF MARYLAND	ienie sa s	0	Jan 23	4 0
05	1212	S	1 -	STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	U	3 4	4 4
		1		EASED NAME FIRS	1	MIDDLE	L	AST		NONTH DAY	YEAR	2b HOUR
0	o to		(TYPE	ORPRINT) ELI	ZABETH	CAMELIA	REE	D		2 6	88	253 AM
noy	poge r deol		3. SE)		4. RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	ector, rs ofte		1	FEMALE	V	NHITE	AUG	AM LADA	89	YRS.	INS DAYS	HOURS MIN.
a a	hou	571		RTHPLACE (STATE OR FOREIG	76 CITIZEN	OF WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF	DEATH	
d e	nero	シク		Maryland	U	1.5-	WIDOWE		FREDERICK.	COUN	TY,	MD.
ě	5 5	Por/	10. CI	TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	WORKING LIFE)	12b. KIND OF	BUSINESSOR
10	- Ped	E C	FR	EDERICK, M	D. HOME		AGE	D	Homemak			
212 hour	S 2	27/0	USU/ 130 S	L RESIDENCE (IF NURSING HE TATE	OME OR OTHER INSTITUT	136 CITY OR TOW		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	12		
24 ND	a la	2		24 -	arroll	MT. AIR		YES NO	304 Hill	Stree	et 2	1771
SYL.	100	5/	14. FA	THER'S NAME	MIDDLE	TZAL		15. MOTHER'S MAIDEN NAM	ME	111111	LAST	
MA P	2 / C	300	EI	MER	1	SHANNO	N	MAMIE			KEI	14
ORE,	7.5	T n		AS DECEASED EVER IN U.	S. ARMED FORCE			17 Home For	The Aged	115 R	brose	Street
IWO	-	1		No -		214-74-	3234	Frederick	Md 2170	-		
BALTIM	Di il	#		18 CAUSE OF DEATH (En	ter only one couse	per line for (o), (b), on	id (c)	2 2	7	1.1.	BETWEEN	NATE INTERVAL
ST.	M. 54	1		PART I. DEATH WAS C	EDIATE CAUSE (o)	CVA	Cire	bul vason	be acou	Nort	400	To .
Z 0	100	otic			DUE TO	O, OR AS A CONSEQUE	ENCE OF	0. 4	. 0	1		
PRESTON oe deoth g	otte	FOUR		Conditions, if ony, whi		- The	Lis	serona 1	rascala a	well	1014	exus.
the	the rem	Jer t		gove rise to immedio couse (a), stating the	he DUETO	O, OR AS A CONSEQU	ENCE OF				-	
> todt	d by eose ol, c	1000		underlying couse lo	st (c)							
)S, 2	signe en p	ury,	z	PART 2 OTHER SIGNIFIC.	ANT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1:0	
RECORDS	rt. Th	<u>u</u>	CERTIFICATION	19a DATE OF OPERATION	1106.00	NDITION FOR WHICH	ODEDATIO	NI WAY AS DEDECTRANED	20g AUTOPSY?	20b. IF YES, W	EDE EINDIN	CSLISED
PEC N	os b Derm	S	FIC.	IN DAIL OF OFERATION	170.00	NDITION TO K WITHEIT	OFERATIO	THE STEW OWNED		IN CERTIFYIN	G CAUSES C	OF DEATH?
TAL	sicio ote h nsit p	8	ERTI	21g. ACCIDENT WAS UNDERLYIN	NG TI 21h TIM	AE OF INJURY		21c HOW INJURY OCCUR	YES NO X	YES [NO 🗌
Y X		1 18	-	OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONTH D		The track is took to decome	LEGALER LAW DRE OF MAJOR	NAME OF ART	OR FART 2)	
DIVISION OF VIT	ding ph s certific buriol-ti Mentol	# /	MEDICAL	(IF EITHER, NOTIFY MEDICALEX 21d. INJURY OCCURRED		P.M. ACE OF INJURY	19	211. LOCATION				
/ISIO	the t	o P	ME		LAT HOM	E STREET, FACTORY, OFFICE, I	FARM, ETC.)	STREET	CITY OR TOW	IN	COUNTY	STATE
1 N	Afte e os olth	Avor		AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this	-	d the deceased from	hine	10 8	- Pres	en fin		hot (I) (ame) lost
ATTEN	of OR	.5		sow the deceased all	ve on 2/	4 10	1121	nd that in (my) () opinion	death occurred on the dat	te and hour on		
T V	RECT ed for	E 3		27s. SIGNATURS	fid not view the b	ody ofter death.		DEGREE			TH. DATES	IGNED ,
S S	the Toch	+		Loi	RayT	* In	1	ATTENDING PHYSICIAN D	MEDICAL STAF	ANI [7]	2/1	18%.
A TI A	by ERA Stot	Z-		22d PHYSICIÁN'S NAME	TYPE ON (Put)	- Com	1	22e ADDRESS	DIRECTOR PHISICI	AIN [7 4	4041
HOS	TO FUNERAL should be deto with the Stote	MPORTAN		Dr. Lero	y T. Da	vis, M.D		801 Toll 1	House Ave.	, Fred	d. Md	. 21701
5	op of s	<u> </u>	23a E	URIAL, CREMATION, REAL	OVAL 236. DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			
	BP		(SPECK Burial	X Feb		t. 0]	Livet Cemete	ery Baltim	ore	Mary	land
DHW	H - 16 50M 4	/82	24 FL	BERN PECTOR OCH	ev Bast	ord Pana.	Furr	Bal Home	E REC'D. BY REGISTRAR 2	56 REGISTRAR	S SIGNATU	JRE
3111	(VRA 15, 4)	-	1	06 East Ch	urch St	Fred		21701-00		Sia Fried	100	dollar i
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- STATE REGISTRAR

DECEASED NAME

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

February 6, 1986

20 DATE OF DEATH

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1			900	1
		,	ì	3
			2	- 3

Theodore Carl Jacob REMUTER 4 RACE 1: 5EX

White

U.S.A.

5 DATE OF BIRTH April 16, 1905

6 AGE (IN YEARS LAST BIRTHDAY)

H HINTHPLACE OR FOREIGN West Virginia

Male

Th CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED

Frederick County

10 CITY OR TOWN OF DEATH Frederick

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Frederick Memorial Hospital

Accountant

BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR Steel Company

Stocker

Maryland

Frederick

Frederick

136 INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME

Anna

13. STREET ADDRESS / ZIP CODE 7079 Catalpa Dr., 21701

& FATHER'S NAME

Valentine

Reuther 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. None

233-03-8076

17 INFORMATS. Anna Reuther 7079 Catalpa Drive Frederick, Md. 21701

18 CAUSE OF DEATH (Enter only one cause per line f PART I. DEATH WAS CAUSED BY:

gave rise to immediate cause 101, stating the underlying cause last

TERMINAL DISEASE OR CONDITION GIVEN IN PART

21a. ACCIDENT WAS UNDERLYING

716 TIME OF INJURY

IN CERTIFYING CAUSES OF DEATH?

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE AT WORK

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE FARM ETC.)

211 LOCATION

DEGREE

CITY OR TOWN COUNTY

22a I certify that (I) (the seed of all other deal) now, (f) (w) (w) (w) d not view the

ATTENDING PHYSICIAN PHYSICIAN Th. DATE 5

Dr. LeRoy T. Davis

801 Toll House Ave., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY Feb. 10, 1986 Greenwood Cemetery

Wheeling, Ohio, West

24 FUNERAL DIRECTOMITH, Keeney & Basford Fineral Home 250. DATE RECD, BY REGISTRAR 250. REGISTRAR'S SIGNA 106 East Church St., Frederick, Md. 21701

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055055 1 - FOR STATE REGISTRAR

STATE OF MARYLAND

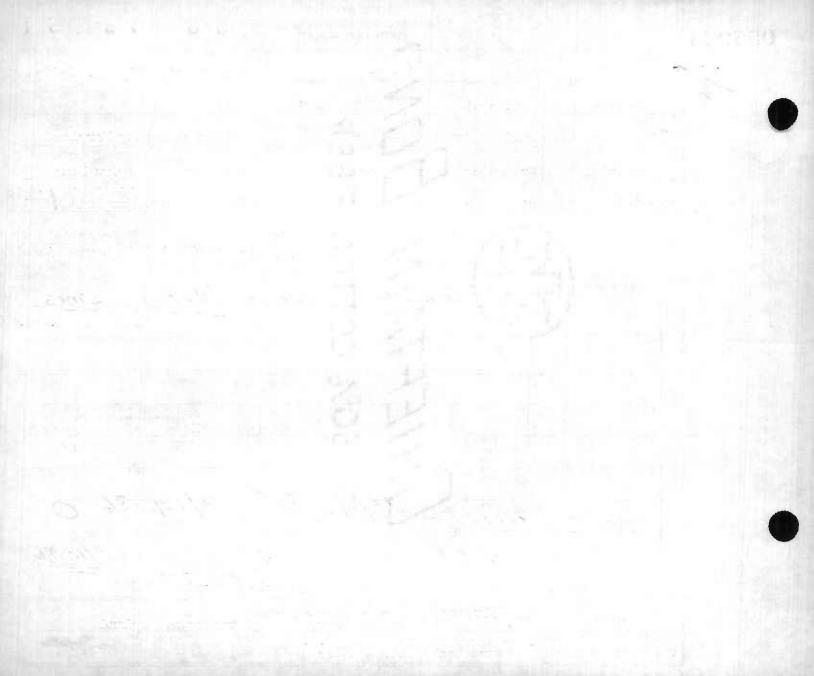
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	WE O 10 T WY						REG. NO	2.		
13	DECEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	SECONOMIC SECOND	Hatti	e (Case	Ri	cketts	February :	L3, 1	1986	5:45p M
1.	SEX	4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY)	MONTHS DATS	
П	Female		Cauca	asian		1 11, 1891	94	YRS		HOURS MIN.
ri	BIRTHPLACE (STATE OR	OREIGN 76		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O			
R	edland Mary	land	United	States	WIDOWE		Frederic	c Cor	inty Mar	yland MD
10	CITY OR TOWN OF DEA	ATH 1	I. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	NC	126. KIND C	OF BUSINESS OR
1	Frederick	1	Frederi	ick Memor:	ial H	osnital	Homemaker	WORKING		Home
	UAL RESIDENCE HE NURS	ING HOME OF OT	THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
107	Maryland	Frede:		Frederic		13d. INSIDE CITY LIMITS? YES X NO	Drive Frede	ZIP CO	DE 160 J	Willpwda
	FATHER'S NAME	rrede.	LICK	Frederic	K.	15 MOTHER'S MAIDEN NA		SILCE	, riai yia	nd 40701
1	Tanana		DDLE	LAST		FIRST	MIDDLE		D	SI
160	James WAS DECEASED EVER		seph	Case	PITY NO	Catherin		55. 1 .		yfield
1	(YES, NO OR UNKNOWN)		VAR OR DATES			17 INFORMANT W.T.				er Pinde
L	No			220-28-69	900	Road Lothian	, Maryland	70 /TJ		OMATE INTERVAL ONSET AND DEATH
CERTIFICATION						NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 110			
TIESC					34	3.08	YES NO X	IN CER	TIFYING CAUSES	
		Land	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TI	8 PART OR PART 2)	
13	LIF EITHER NOTIFY MEDI		P.	Μ.	19					
MEDICAL	216 INJURY OCCURE	OIE -	21e PLACE	OF INJURY REET, FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	.vn	COUNTY	STATE
L	220.1 certify that (I)	(this hospital			1=	41/ 1985		13/	1986	that (II Jwe) lost
П	sow the decease	didy did not	view the hody	Acadeath.	.00	that is (my) our) opinion	death accurred on the do	te and he	our and from the	couses stoted
	276 SIGNATURE	shift	1	Krohns	m	ATTENDING PHYSICIAN	MEDICAL STAF		22c DATE	13/86
1	224 PHYSICIAN'S NA	AME (TYPE OR P	RINT)	1	1	In ADDRESS	ollhouse Ave	nue	=	
	Rober	ct L. F	Kaufman	ın		Frede	rick, Maryla	nd 2	21701	
23	BURIAL, CREMATION,	REMOVAL	23b DATE	23c N	IAME OF C	EMETERY OR CREMATORY	123d LOCATION			
	(SPECIFY) Rurial		17 Fet	Ruary Par	nesto	wn Presbyteri	an CHY OR TOWN	n Ma	COUNTY	STATE

300 West Montgomery Avenue Rockville, Md 20850 A. Pinch Pinch P. A. 150 DATE REC'D BY REGISTRAR'S SIGNATURE FEB 20 1936

DHMH 16 60M 7/84

(VRA 15, 4)



1621 Opossumtown Pike, Frederick, MD

DIVISION OF VITAL RECORDS.

(VRA 15, 4)

STATE OF MARYLAND



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076	0127		EASED NAME	FIRST	7712.0	MIDDLE	WINTER 3	LAST	AIL OI DE	20 DATE KNOWN		YEAR IZE HOL
	SS. SS. T.	(TYPE	OR PRINT)	Audrey	E		Ride	nour		OF ESTI- DEATH MATED	-4 0 0 .	26
	S NECESSARY, PLEASE FUNERAL DIRECTOR. S FOR YOUR FILES. D, WITHIN 72 HOURS W. PRESTON STREET,	3 SEX	F 4	RACE		931	SE (IN YEARS IF U ST BIRTHDAY) MON 54 YRS.	NDER 1 YR. III	FUNDER 24 HRS	PRONOUNCED DEAD	2 21	1986 2d HOI
0	NECESSA FUNERAL 5 FOR Y 7, WITHIN W. PREST	FOR	THPLACE (STA		USA	AT COUNTRY?		RIED NEVE	R MARRIED DIVORCED	Freder:	-	DEATH
	PAGE		y or town o Thurmor	nt	- Or	in Stre	odress)	HER INSTITUTI	FOI	SUAL OCCUPATION (1 R MOST OF WORKING LIFE) actory worl		CIND OF BUSINESS OR INDUSTRY
21201	AND 3 TO RETAIN HOULD B	USUAL 13a ST.		13h COUN	or other institution, give ity derick	RESIDENCE BEFORE 13t. CITY OR TO Thurmo	OWN	13d. INSIDE CITY YES X	LIMITS2 13. ST	REET ADDRESS W. Main	217	88
RE, MD.	MATH 28	14 FAT	HER'S NAME FIRST George		MIDDLE	Gebha	rt	FIR: He	elen	Hahn		LAST
ALTIMO	AFTER CANADA AGES I	16a. W IYES	AS DECEASED i, NO, OR UNKNOW NO.	EVER IN U.S. ARA		187 24	0646	Larry	Glass	15611 ADDRE	elbaugh F , MD. 21'	Rd. 788
ORDS (201 McFRESTON ST.	EXECUTED WITHIN 24 HOUS SING" IN PERCLEN ITEM 18. DICAL EXAMINER ALONG W A BURRAL TRANSIT PERMIT H AND MENTAL HYGIENE. I EMATION, OR REMOVAL.		Conditions gave rise cause (o) s lying cause	TH WAS CAUSEI IMMEDIA* , if any, which to immediate tating the <u>under</u> - blost.	TE CAUSE (o) DUE TO, OR A	AS A CONSEQU	JENCE OF	SE OR CONDITION	GOOD IN PART I 101	orwiden		APPROXIMATE INTERVAL TWEEN ONSET AND DEAT
TAL REC	SHOULD BY OND "PEN CHEF ME EUSED AS TOT HEAD	CERTIFICATION	190. DATE OF C	PERATION	198 CONDITI	ON FOR WHIC	H OPERATION V	WAS PERFORM	ED?		20	AUTOPSY?
DIVISION OF VITAL	HIS CERTIFICATE SHAPE WON WRITING THE WON ARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT 1201 PRIOR TO BU	EDICAL	210. EXTERNAL UNDERLYING CONTRIBUTING 214. INJURY OC WHILE AT WORK	OR G CAUSE OF I	DEATH P.M.	MONTH DAY FINJURY (ATI DRY, FARM, ETC.)	YEAR	DCATION STREET	OCCURRED (ENTE	R NATURE OF INJURY IN TIEM	18 PART I OR PART 2) COUNTY	STATE
•	TO MEDICAL EXAMINED. THE EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWATO FUNKAL DIRECTOR, PARTER DEATH WITH THE STABLANDORF, MARYLAND, 21 BALTIMORE, 21 B		death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN)	AME ROL	pert . Th	Accident	Suicide	TITLE (SPE	puty ME 812 Toll Frederic	Inquiry Dietermined manner DICAL EXAMINER L House Aveck, Md. 217		124/86
07/84 25M	BP	(SP	Buris NERAL DIRECT	2]	2/21/86 ADDRESS	91 Wil	rgreen lis St.	Cem-	Ge	ttveburg syregistrar 136 REC	Adama GISTRAR GIO	Pa.

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STATE OF MARYLAND

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1 - STATE

UVISION OF VITAL RECORDS, 201 W. PRESION ST., BALTIMORE, MARTLAND 21201	O MOSPITAL OR ATTENDING PHYSICIAN. The low requires that the Letti control to be executed within 24 hours after determed by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the city that the provision and completely filled in by the funshands be detached for use as the burnol-transit permit. Then please removement in the State Dept. Ond 2 should be filled within with the State Dept. of Health and Mental Hygiene prior to buriol, cremitation.	
IVISION OF VII AL RECORDS.	JG PHYSICIAN: The law require offending physician.	ter this certificate has been sign is the buriol-tronsit permit. Then h and Mental Hygiene prior to bu	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The Internet by the hospital or ottending physician.	TO FUNERAL DIRECTOR At should be detoched for use a with the State Dept. of Health	

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 0 5 2 CERTIFICATE OF DEATH

KEG	ISTRAR				REG. NO	O	
1 DECEASE		WI	DDLE	ASI		MONTH DAY YEAR	26 HOUR
TYPE OR PRIM	Carri	e Eth	nel ROMSBU	JRG	February 2	27, 1986	A
3. SEX		4 RACE	5. DATE O		6. AGE (IN YEARS LAST BIRT		
	Female	White	Feb	9, 1901 YEAR	85	YRS DATS	MOURS MIN.
COLINITA	ACE I STATE OR FOREIGN	76 CITIZEN OF W	AAADDIE	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
Penn	sylvania	U.S.A.	WIDOWE	DIVORCED [ck County	MI
Fr	ederick	North I	DSPITAL, NURSING HOME O FACILITY, GIVE STREET ADDRESS) Hampton Nursi.		120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF THE PROPERTY OF THE P	F WORKING LIFE! 126 KIND (INDUSTRY	OF BUSINESS OR
USUAL RES 130 STATE Mary	136 COU		IVE RESIDENCE BEFORE ADMISSION) 30 CITY OR TOWN Frederick	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / 236 Carro	ZIP CODE 11 Parkway	21701
14 FATHER	SNAME FIRST Bernard	MIDDLE	Lichtv	15 MOTHER'S MAIDEN NAME FIRST Kathe	MIDDLE	Sheel	st P
(YES NO	CEASED EVER IN U.S. AI	WE WAR OR DATEST	66 SOCIAL SECURITY NO. 212-28-2774	17 INFORMANI Mrs. V		55613 Biggs A	ve.
18 C	AUSE OF DEATH (Enter of ART I, DEATH WAS CAUS	nly ane cause per li	ne far (a), (b), ag c	leus	Olixino	APPROS	ONSET AND DEATH
gov caus und	ditions, if any, which erise to immediate se (a), stating the erlying cause last	DUE TO, OR	AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	and for	DITION GIVEN IN PART 1	deep
CERTIFICATION D	ATE OF OPERATION	196. CONDIT	ON FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO X	206. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES	
0000	ACCIDENT WAS UNDERLYING [DNTRIBUTING [] CAUSE OF DE LITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M	. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
m .	NJURY OCCURRED RE NOT WHILE AT WORK	21e PLACE OF	FINJURY T FACTORY OFFICE FARM ETC 1	211 LOCATION STREET	CITY OF TON	WN COUNTY	STATE
s	certify that (1) (this happy aw the deceased alive or blave, (1) (we) (did) (did no	1	2/26 19 86 an	d that in (my) (aux) opinion o	, ta deoth accurred an the do	/ 8	that (I) (we) last causes stated
	Dalii	JC H		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN 22t DATE	28/86
	Dr. Robert	S. Hughes	<i>Y</i>	700 Montcla	ire Ave., F	rederick, Mo	d. 21701
ISPECIET	durial	March 1	,1986 Mount	emetery or crematory Olivet Cemete	23d LOCATION CITY OF TOWN	k, Frederic	k, Md.
			sford Funeral Frederick, M		3 1986 Auhi	256 REGISTRAR'S SIGNAT	URE #

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRA	AR			CEKIII	ICATE OF D	EATH		REG. NO					
	1. DECEASED NA	AME FIRST		MIDDLE		LAST		20. DATE OF			DAY	YEAR	26 HO	JR
И	(TYPE OR PRINT)	Marga	ret A	lice	SE:	IPLER		Feb	ruary	16,	198	6	11:0	06a M
	3. SEX		4 RACE		5. DATE O			6 AGE (IN YE	ARS LAST BIRTH	(YAQ)	IF UNDE		IF UNDE	-
	Fema	le	Whi	te	Aug		1907		78	YRS	MONTHS	DAYS	HOURS	MIN.
100		STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	- D MENER W	400KD 🗆	9 BALTIMOR	E CITY OF		Y OF DE	ATH		
	Maryla	nd	U.S	.A.	WIDOW	D NEVER M	ORCED A	Fred	erick	Cou	nty,			MD.
2	10 CITY OR TOV			HOSPITAL, NURSIN HEACHITY, GIVE STREET ST Partic			TUTION	120 USUAL O TYPE OF WORK I Rest		WORKING L	IFE) IND	USTRY	F BUSIN	era to
1	USUAL RESIDEN 130 STATE Maryla	13b_C	NE OR OTHER INSTITUTION OUNTY rederick	GIVE RESIDENCE BEFORE 134 CITY OR TOW Frederic	N	13d INSIDE CI	TY LIMITS?	13 STREET AL	DDRESS /	ZIP ÇOD tric	k St	reet	/21	701
1	14 FATHER'S NA		WIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME	MIDDLE			LAS	T	
	The	mas	Delaney	Eckenro	ode	На	nna	C:	lara			Snid	ler	
	160 WAS DECEA		None	214-16-0		Charles		ser,	124°S Lewis	t. A	ntho , Pa	ny 5	tre	et
	Condition gove ris couse i underlyin	ns, if ony, which the to immediate on, stating the goodse lost	DIATE CAUSE (o). DUE TO, O (b) DUE TO, O	Aterios R AS A CONSEQUE R AS A CONSEQUE	eleo ENCE OF	NOT RELATED	Elvela	n hers	f dis	PITION GI	2 _ 2	udd		eath
2	CERTIFICATION 180 DATE (OF OPERATION	COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	200 AUTOF	NOX	20b. IF YE IN CERT				TH?
7	OR CONTRI (IF EITHER 21d IN JUF WHILE AT WORK 220 I certi SOW	he deceased alive (I) (we) (did) (di	PDEATH HOUR A. MINER) 21e. PLACE (AT HOME STR losspital) attended th	M. MONTH DA M. OF INJURY REEL FACTORY, OFFICE F e deceosed from 19	ARM ETC)	211 LOCATIO STREET	, 19 SSI our) opinion o	RED (ENTER NATU	CITY OR TOW	26 te ond ho	COI 19 ur and li	om the	that (I) (
7		Rex R.	YPE OR PRINT) Martin,	M.D.		22e ADDRESS	-	et St.,			k, M	d. 2	2170	1

TO FUNERAL DIRECTOR:

MOORTANT: If hem 21 is should be detoched for with the State Dept. of

230. BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

231 NAME OF CEMETERY OR CREMATORY

23d. LOCATION
CITY OF TOWN

Frederick

STATE

Basford Funeral Home 106 East Church St., Frederick, Md. 21701

eb.19,1986

23b. DATE

Resthaven Mem. Gardens Frederic ford Funeral Home FEB 21 1986

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	STATE	OF MARYL	AND
EDADTMENT	T OF HE	ALTH AND	MENT

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052173	1-	FOR STATE REGISTRAR			DEPARTN		EALTH AND MENTAL HYG	IENE 8 6	0 5	5 2	5 /
		CEASED NAME	FIRST		AIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
by be oge 3 death	,,,,,	ON PRINTY	Glen	n Ca	arlton	SH	IAFER	February	7, 1986	2	:05 P _M
ctor. po	3 SE	Male	4.1	White	9	S. DATE C	5. 2, 1897	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE		UNDER 24 MRS
272 hour		RTHPLACE (STATE OR FO	PREIGN 76		WHAT COUNTRY?		D X NEVER MARRIED	9 BALTIMORE CITY OF	RCOUNTY OF DE	ATH	
e fun		TY OR TOWN OF DEAT	н 11.	NAME OF H	OSPITAL, NURSIN		DR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126		USINESS OR
Soft The Soft		ederick		5735	Shooksto	wn Ro	ad	Custodian			of Educa
filled in ould be	113n S	AL RESIDENCE IIF NURSIN STATE ryland	Frede:	rick	130 CITY OR TOWN Freder1	ADMISSION) N CK	13d INSIDE CITY LIMITS?	5735 Shook	ZIP CODE	., 21	701
and 2 sh	14 FA	THER'S NAME George	Car	iton	Shafer		15. MOTHER'S MAIDEN NAM	WIDDLE	To	ms LAST	
medical e		VAS DECEASED EVER IT	U.S. ARME (IF YES, GIVE W	AR OR DATES)	214-10-2		17 INFORMANMITS. L Freder	illian Shaf ick, Md. 21	er 5735 701	Shook	stown Rd
B a beautiful B		18 CAUSE OF DEATH PART I. DEATH WA	S CAUSED 8	Y	linetor (0), (b) and		revenly	wich	f B	APPROXIMATE TWEEN ONS	E INTERVAL MAND DEATH
ures that the death agned by the attendant please remove cost buriol, cremotion, or uny, or other tradimatic	z	Conditions, if ony, gove rise to immicouse 101, storing underlying couse	ediate the s	DUE TO, OR	R AS A CONSEQUE	/// NCE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CONE	DITION GIVEN IN E	10-y	<u>lay</u>
on. hos been s permit Th permit Th one prior to	CERTIFICATION	19a DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	AUSES OF	
CIAN: The physicie of transitions of the physicien of the		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	216. TIME OF HOUR A.A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR		
G PHYSI optending er this ce s the buri ond Mer	MEDICAL	21d. INJURY OCCURRE	D	21e. PLACE C		Ha c	211 LOCATION STREET	CITY OR IOV	NN COI	UNIY	STATE
TTENDIN pitol or TOR Aft for use o of Health	1	220.1 certify that (1) (sow the deceased above, (1) (we) toll	this hespital)	/	1/18 10 5	76 . or	nd that in (my) (our) opinion of	eoth occurred on the do			t (I) (westost
SPITAL OR A by the hosy NERAL DIREC be detached e State Dept. TANT: # Hem		226 SIGNATURE	wits	P.H	ug lis)	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAF	F	DATE SIG	1916
TO HOSPITAL TO FUNERAL should be de with the Stort IMPORTANT:		Dr. Robe	rt S.	Hughes			700 Mountcl		Frederic	k, Md	. 21701
BP		BURIAL, CREMATION, R	1	Peb. 1:	1, 1985 M	t. 01	emetery or crematory ivet Cemetery		, Freder:	ick, l	STATE Md .
DHMH - 16 60M 7/84 (VRA 15, 4)	24 Ft	106 East	hurch	St., I	& Basfor Frederick	d Fun	21701 FER	REC'D. BY REGISTRAR	756 REGISTRAR'S	IGNATURE	

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071185	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 5 D	5 2 5 8
. m-e	1 DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	20.11001
ay be oge 3 death		arine Elizab			986 5:30 🛣
ge 4 mc ector. p	Female	4. RACE White	Aug. 9, 1909	6 AGE (IN YEARS LAST BIRTHDAY) 76 YRS	FUNDER 1 YEAR IF UNDER 24 HRS
Poor	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		- 4 0417111000 0101100 00 001111111	OF DEATH
deoth Thero	Maryland	U.S.A.	WIDOWED DIVORCED	Frederick Cou	nty, MD.
D1 s after o	Frederick	(IF NOT IN SUCH FACILITY GIVE STREET Home for the A	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housekeeper	126 KIND OF BUSINESS OR INDUSTRY Domestic work
24 hour 24 hour filled in bould be must b	13a STATE 13b C	AE OR OTHER INSTITUTION GIVE RESIDENCE BEFO OUNTY 13c CITY OR TO Frederick Frede:	WN 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 115 Record St.,	
erthin other 2 short	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N		
MAR ed w ond exon	Unknow		Emma	Elizabeth	Shaw
MORE,	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SEC S. GIVE WAR OR DATES] 220-30-		Aged, 115 Record	Street
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D NG PHYSICIAN. The low requires that the limitation be executed within 24 hours otherwing physician. If the this certificate has been signed by the limitation of completely filled in by as the burial-transit permit. Then please in the control of completely filled in by the ond Mental Hygiene prior to burial, cremation. If any Mental Hygiene prior to burial, cremation is the medical examinar must be asked or them.	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO	UENCE OF A 5 H D DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	20a AUTÓPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
OSPITAL OR ATTENDIORED by the hospitol or UNIRAL DIRECTOR A lid be detached for use the Store Dept. of Heal	224 PHYSICIAN'S NAME IN	AINER) P.M. 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE ospital) attended the defeased from e an d not) view the body after death.	211 LOCATION STREET 19 and that In (my) (our) opinio DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN D	2/31/86
should should be	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	Burial O.		It. Olivet Cemetery	Frederick, Frederick,	derick, Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	Smith, Keens 106 East Chu	y and Basford Pur rch St., Frederic	neral Home FE	ATE REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE

Abreass 15, 1885 S:30 P. August 1.5.5. Sentruk redered betraces Pros clicanol terresdents boat off tot most to to report INS Lecord Pt., 22701 inguisment storreture description right of the state microins four 22-2-10 men for the tend, INS legal to the form ... Lastiny Holmy, Jr., ... arrains (added Jenter, Sysderick, a. 2170 Marial Teb 21, 1806 It. Chiwat Denotory Denotories, Nacharias, Wall.

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	FOR	
1 -	STATE	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

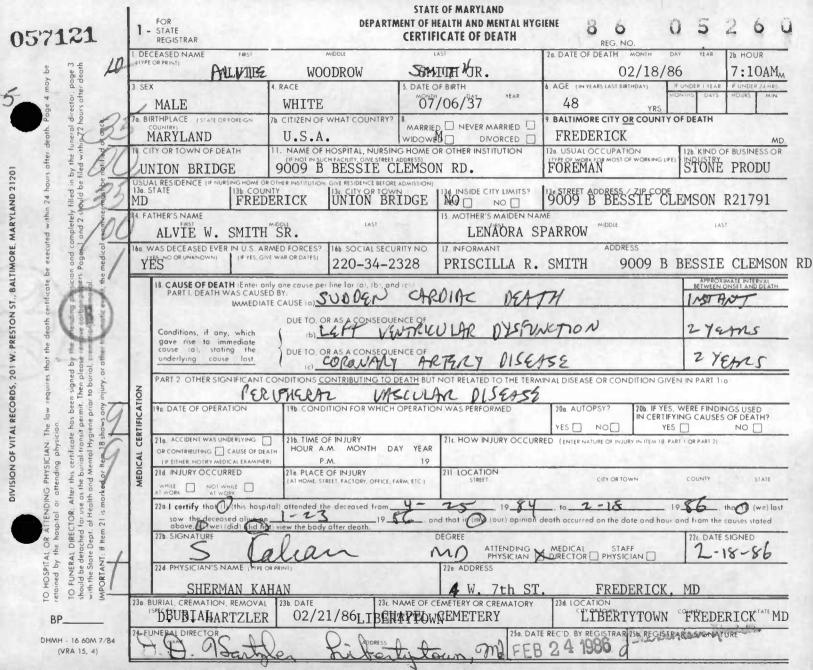
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7	- STAT	E ISTRAR				CERTIF	ICATE OF DEATH	REG. NO).	164	
	DECE ASE	71	FIRST LESTER	্ৰান্য নিৰ্মা	MIDDLE UCENE	CITI	AST		MONTH DAY	20 1	OUR
	- 3		TESTER		OCENE.		NNER	February	3,		00 8
3	SEX		116 79	4 RACE	1000	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR IF UN	DER 24 HR
L	Mal	.e		Whi	lte	July	y 6, 1923	62	YRS		
76	BIRTHPL	ACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	COUNTYO	F DEATH	
	Penns	ylvani	a	U.S	5.A.	WIDOWE		Frederick	Count	v.	٨
10	CITY OR	TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OF BUS	
	Fred	erick	0.00	Mary	Land Odd F	DORESS)	ve Home	Salesman	WORKING (IFE)	INDUSTRY	
14			ISING HOME OR		GIVE RESIDENCE BEFORE		as nome	balesman		H	oute
13	a. STATE		13b COUN	ITY	13c CITY OR TOWN	V _	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
	Mary]		Fred	erick	Frederi	.ck	YES 🔼 NO	400 North	Stree	t/ 21701	
14	FATHER'	EIRST		MIODLE	LAST		15 MOTHER'S MAIDEN NA	ME		LACT	
	C	harles			Sinner		Daisy	Mae		Lauer	
160		ECE ASED EVE		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	2520 Ama	Conda	Trail	
	(YES, NO	Yes	(IF YES, GIV	WIT OR OATES	205-22-4	719	TaRus Stales	ne, Maitland			
=						-	TELLIGE DICTE	nai cland	, FIOI	APPROXIMATE I	NITEDI/AI
	P.	ART I. DEATH V	VAS CAUSEI	D BY.	r line 10 (9, (b), on	1	MINNEW	12 11110	17	BETWEEN ONSET	AND DEA
			IMMEDIAT	E CAUSE (a)			70000	The Door		000	
				DUE TO, C	R AS A CONSEQUE	NCE OF	1/1-11/1				
		Conditions, if ony, which gave rise to immediate									
	cous	e (a), stoti	ng the	DUE TO, C	R AS A CONSEQUE	NCE OF	3 1/1				
	und	erlying caus	e last	((c)		-	- I · N				
1	PART	2 OTHER SIG	NIFICANTO	ONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN	IN PART Ica	
NOITACIBITABL	5										
	190 D	ATE OF OPERA	TION	195 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDINGS L	SED
2 3	É							YES NOXX	IN CERTIFYII	NG CAUSES OF D	EATH?
1 5	210.	CCIDENT WAS UN	IDERLYING	216 TIME C	OF INJURY	* 1	21c HOW INJURY OCCUR				' []
	00.00	INTRIBUTING .	CAUSE OF DEA			Y YEAR		TENTER HATORE OF THOSE	THE TEM TO TAKE	· OA / ABI I /	
2	(IF 8	THER NOTIFY MED			.M.	19					
MEDICAL	214 1	VJURY OCCUR			OF INJURY TREET FACTORY, OFFICE FA	RM, ETC }	711 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	AT WO	RK NOTW	ORK DRK								
Е	22a. 1	certify that (I	(this hospit	ol) ottended t	he deceased fram_		. 19	to	. 19	, that () (we) [
	5	w the decease	sed alive an		19	, or	nd that in (my) (our) opinion	death occurred on the da	te and haur o	nd I am the cause	stated
		IGNATURE	ald I fald not	view the bady	atter death		DEGREE			224 DAJE SIGN	ED
		1	W.	10	TUSIE)	ATTENDING	MEDICAL STAF		12/4/	XI
-	77d P	HYSICIAN'S N	AME LIVE OF	PRINTI	1)		PHYSICIAN [22e ADDRESS	DIRECTOR PHYSIC	IAN []	10/11	U.K.
		Ton	1	100	1000	7					
			11/6	1 Lu	VIII	/	Parkview Me	edical Cente	r, Fred	derick, Mo	1.21
23	a. BURIAL	CREMATION	, REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION		0	44.65
		rematio	on	Feb.	.1986 Sm	ithst	urg Crematory			shi neton	Mo

DHMH - 16 60M 7/84 (VRA 15, 4)

M FUNERAL DIRECTOR Smith, Keeney and Basford Funeral H. 106 East Church Street, Frederick, Md. 21701 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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injury, or other tro

IMPORTANT: If Item 21 is morked or Item 18 shows

052093

STATE OF MARYLAND

Church Street, Frederick, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 0	0	5	2	6	
REG. NO.		1			

1 -	FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYC FICATE OF DEATH	SIENE 8 C	NO.) 5 2	6 1
	CEASED NAME OR PRINT)	FIRST GED		MIDDLE	SHI	TH+	20 DATE OF DEATH	ruary 1	0,1586 2b	3: 304 M
3. SE	Х		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST			UNDER 24 HRS
	Male		Wh	ite	May	15, 1914		71 YRS	ONINS DATS H	OURS MIN.
(RTHPLACE (STATE OR COUNTRY) Maryland	FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOW	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY Frederic	_		MD.
	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN CHEACILITY, GIVE STREET PICK Memo		Hospital	12a USUAL OCCUPA (TYPE OF WORK FOR MOST Farming		126 KIND OF B INDUSTRY Agricu	
130 5	AL RESIDENCE (IF NUR STATE aryland	1136 COU	or other institution inty derick	GIVE RESIDENCE BEFORE 13c CITY OR TOW New Midw	ADMISSION)	13d INSIDE CITY LIMITS?	13, STREET ADDRESS 12337 Leg	zip code	d/ 2177	5
14 FA	ATHER'S NAME	53	MIDDLE	1241		15 MOTHER'S MAIDEN NA			1467	
1	Earl		Leroy	Smith		Elsie	May		Nich	ols
	VAS DECEASED EVER		RMED FORCES? NE WAR OR DATES! NONE	214-10-4		Mrs. Cather			Road/ I	
				tine for (a), (b), and	dic				APPROXIMAT BETWEEN ONS	
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) CARDIO- RESPIRATORY HALES?									
	DUE TO, OR AS A CONSEQUENCE OF									
1	Conditions, if any, which (b) TERMINAL ACUTE MY ELOGONOMIS I ENLERGY									
	gove rise to immediate couse (c), stating the DUETO, OR AS A CONSEQUENCE OF									
	underlying couse	lost	(c)							
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
TIO			Turns,	,,,	reau 3/1		EARE	Tant is visa	AMERIC COMPANIE	
CERTIFICATION	190 DATE OF OPERA	IKON	196. COND	ITION FOR WHICH	OPERATIC	ON WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	WERE FINDINGS	DEATH?
RTI	21a. ACCIDENT WAS UN	OF BLYING I	716. TIME C	Ve In III IV		Tale HOW BUILDY OCCUP	YES NOX	YES		NO []
	OR CONTRIBUTING				AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MED			M.	19	AU				
MED	21d. INJURY OCCUR	HILE []		OF INJURY REET, FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
	22a I certify that (I	ed alive a	n & -	9 19 6	82-	nd that in (my) (our) opinion	death occurred on the	dote and hour		t (I) (we) lost
	22b SIGNATURE	did) (did n	ot view the body	after deoth.		DEGREE			22c DATE SIG	
	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 2							2/10	57×6	
	22d. PHYSICIAN'S N	AME (TYPE	OR PRINT)			22e ADDRESS	DIRECTOR PHTS	ICIAN [1 0//-	100
	Anmy	5.	MANNE	o. m.o.		Green musy	CANTER. M	WALLY I	, np. 0	21776
23a E	BURIAL, CREMATION,	REMOVA	736 DATE	23c N	NAME OF	EMETERY OR CREMATORY	23d LOCATION			
-	Bupiel	11	a Feb. 1	3.4986 Mo	unt C	livet Cemeter	y Frederi	ck. F	rederick	k. Md.
24. Ft	INERAL SMI	th,	Reeney &	And in case of the		ral Home 2FE			AR'S SIGNATURE	

21701

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1 3 6	. 0 4	
		CEASED NAME FIRST		oseph	Sall	ASS	26. DATE OF DEATH	MONTH 2	5 86	8:53 A.	
	3 SEX	~ ∾ale	4 RACE	•	5 DATE C		6 AGE (IN YEARS LAST BIR	YRS	MONTHS DATS	HOURS MIN.	
5		PBIRTHPLACE (STATE OF FOREIGN COUNTRY Maryland U.S.A.				DE NEVER MARRIED DIVORCED	Frederick County,				
1		Frederick	Frede	Pick Mem	orial	Hospital	(TYPE OF WORK FOR MOST C Pharmaci	F WORKING LI		tore	
5	13a S	laryLand F	me or other institution OUNITY rederick	136 CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO X		ood C	ourt, 2	1701	
2)	Nathan	MIDDLE	Sollo		Pauline	WIDDLE		unkn	own	
	16a V	VAS DECEASED EVER IN U.S	ES CIVE WAD OR DATES	77-09-86		Irs. Mary Sol	Lod, Freder	an later	od Cour		
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS CA	BETWEEN	IMATE INTERVAL ONSET AND DEATH							
	03	Canditions, if ony, whice gove rise to immediat cause Io1, stating the underlying cause los	the lee	r as a conseque	NCE OF						
7	CERTIFICATION	PART 2. OTHER SIGNIFICA				NOT RELATED TO THE TERM	200 AUTOPSY?	206 IF YE	S, WERE FINDIN	NGS USED	
7	MEDICAL CERT					21¢ HOW INJURY OCCURR				NO []	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK COUNTY AT WORK COUNTY							COUNTY	STATE	
		22a I certify that (1) (b) is saw the deceased almobave, (1) (we)(did) (d	veor De	19 8		nd that in (my) (aur) opinion of	death accurred on the d		ur and fram the		
		226. SIGNATURE	5 Racif.	setre			MEDICAL STA	FF CIAN [224 DATE	SIGNED S/86	
		224 PHYSICIAN'S NAME (TYPE OR PRINT)	chre		Church & Fra	nklin St.,	Middl	Letown,	Md. 21769	
	23a. B	Burial, CREMATION, REMO				emetery or crematory Dlivet Cemeter	y Frederick	, Ere	ederick,	, Maryland	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL BIRECTOR TURBULE CONTROL BASTORD B

106 East Church Street, Frederick, Md. 21701

TO HOSPITAL

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dental on the de 1980 people Tireb Jeneberg Stewertot, Mandardot, Marghand

Dro Last Americ Stand, Erestorich, d. 1270

1201 Market St.

Frederick, Maryland

066129

DHMH - 16 60M 7/B4 (VRA 15, 4)

REGISTRAR I DECEASED NAME STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2a DATE OF DEATH

86

126 KIND OF BUSINESS OR

None

Ridgeway

IF UNDER I YEAR

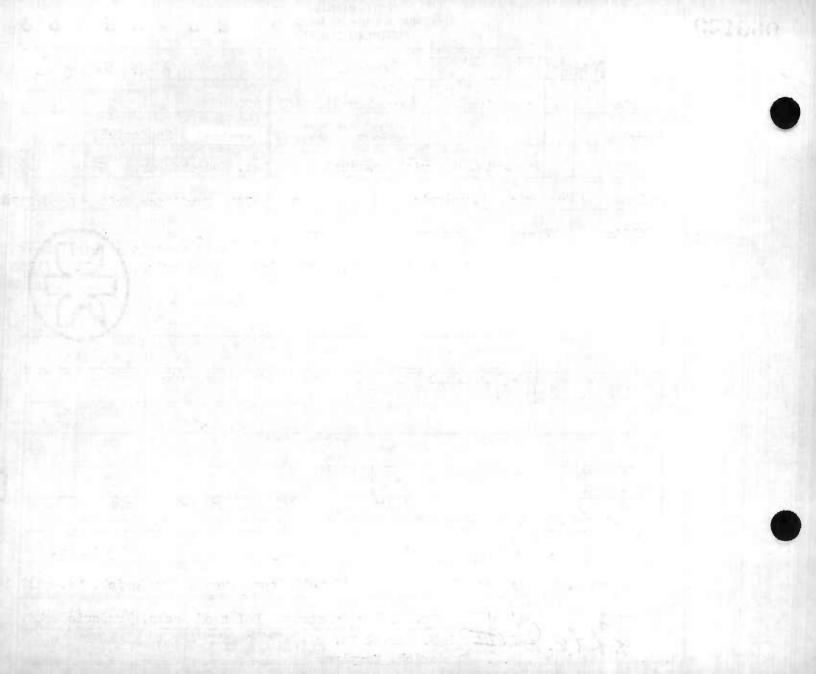
INDUSTRY

COUNTY

22c DATE SIGNED

STATE

16



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

220 DATE SIGNED

of Educat.

	REGISTRAR			CENTIL	TCATE OF DEATH	REG. NO	D.		
	CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	BCTHAM	20 C	Alvin		STAlev	2/2/	86		23/8 M
3 SE	X Male	4 RACE White	e	JUN	e 2, DA 19 12 YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OR FOREIGN COUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	_		MD.
	rederick		HOSPITAL, NURSIN CHEACILITY, GIVE STREET ICK MEMOT		ospital	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Maintenance	F WORKING LIFE		of Educ
13a	AL RESIDENCE (IF NURSING HO. STATE Maryland Fr	ME OR OTHER INSTITUTION OUNTY EDETICK	13 CITY OR TOW Frederi		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 252 Sout	ZIP CODE h Carr	coll St	., 21701
14 F.	ATHER'S NAME FIRST Bernard	MIDDLE C.	Staley		is mother's maiden Na/	MIDDLE			ride
	WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES 19	S. ARMED FORCES? ES GIVE WAR OR DATES! 142-1945	217-10-0		17 INFORMES. Ann Free	M. Keeney Rederick, Md.	24 Eas 21701	st Sout	h Street
	18 CAUSE OF DEATH Ent PART I. DEATH WAS CA			d (c)	1-756			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Canditions, if ony, whic	h ((b)_	OR AS A CONSEQUE						
	gave rise to immediate cause (a), stating the underlying cause las	DUE TO, C	DR AS A CONSEQUE		40 000		4000		
NOI	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 11	a
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOW	IN CERTIFYING CAUSES OF DEATH?		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXA	DE DEATH HOUR A		YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY FREET, FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	220 certify that (1) (this find saw the decease fally above (1) (we) (find) (d	e on 2/2	/ 19 4	50,0	nd that in (Our) opinion of	to 2/2 death accurred on the do	ate and hour	9 %G.	that (we) last causes stated

TO FUNERAL DIRECTOR: After should be detached for with the State Dept. of I

226. SIGNATURE

Dr. P. Gregory Rausch

ATTENDING

4 West Seventh St., Frederick, Md. 21701

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 236. DATE Feb.5, 1986 23c NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

DEGREE

Frederick, Frederick, Md. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

this certificate has be-

morked or It

24 FUNERAL DIRESMETH, Keeney and Basford Funeral Home 250 DATE REC'D. BY REGISTRAR 250, REGISTRA

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AND AND DECEMBER AND DESCRIPTION OF THE PROPERTY OF THE PROPER

wall, decreased, decreased product a city of the district control of The first of the country of the coun

TO FUNERAL DIRECTOR, After this certificate has by should be detached for use as the burial-transit perm with the State Dept, of Health and Mental Mygiene pr 1 - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

		CEASED NAME	FIRST	AIRUS	IRUS WALL STATON, SR.				20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
		JAIRUS WATT				5	Tanton dr	2//	8 2/18	/86	0156 M		
	3. SEX 4. RACE Male Cauca			4 RACE		S. DATE C		6 AGE (IN YEAR	RS LAST BIRTHDAY)	MONTHS DATE	IF UNDER 24 HRS		
				Caucasi	an	Janu		72 YRS					
L		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH			
4		est Virgin		US		WIDOWE	D DNORCED	Frede			MD.		
ij	10 CT	TY OR TOWN OF DE	ATH		HOSPITAL, NURSING HEACHITY, GIVE STREET A		OR OTHER INSTITUTION	12a USUAL OC	CUPATION OR MOST OF WORKING I		F BUSINESS OR		
7		rederick			ck Memori		ospital	Ret/Se	rv. Sta.	Owner			
Ĺ		AL RESIDENCE IN NUR	136 COUN		13c. CITY OR TOWN	1	136. INSIDE CITY LIMITS?	13e.STREET AD	DRESS / ZIP COD	DE			
2	_	aryland	Frede	erick	Frederic	ck	YES 🔀 NO		outh Mark	et St.	21701		
1	14 FA	THER'S NAME FIRST		MIDDIE	LAST		15 MOTHER'S MAIDEN NA		MIDDLE	IAS			
Ц		Lewis			Staton		Sallie		1000000	Wal			
		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADD 429 S.				
ā		No			233-28-18	343A	Mrs. Audrey	Staton	Frederi	ck, Md.	21701		
		PART I. DEATH V	TH (Enter on	ly one couse per	line for 101, 101, and	(C.	1			BETWEEN	ONSET AND DEATH		
1			IMMEDIAT	E CAUSE (a)	Marie	2	emerce			11 dey			
1		DUE TO, OR AS A CONSEQUENCE OF									e ·		
		Conditions, if any, which gave rise to immediate									7.		
		cause (a), stating the DUETO, OR AS A CONSEQUENCE OF											
1		DART 2 OTHERSIC	NIME IC A NIT C	(0)	ON TRIBUTING TO D	EATH DUT	NOT BELATED TO THE TERM	AINIAI DISPASE	OR CONDITION C	0.4541.01.04.07.1.			
1	20	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D					NOT RELATED TO THE TERM	MINAL DISEASE	DK CONDITION G	IVEIN IIN FAKT II	o d		
	CERTIFICATION	198 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	ION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? YES NO YES NO				
-	TIFIC												
	CER	71a. ACCIDENT WAS UN	-	216. TIME O		W WEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)					
1		OR CONTRIBUTING		161	M. MONTH DA M.	Y YEAR							
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY		21f. LOCATION		CITY OR TOWN	COUNTY	STATE		
	Σ	AT WORK AT WO	THILE DRK	(ALHOME SIK	EET, FACTORY OFFICE, FA	KW EIC }	SINCE				31713		
		220.1 certify that (I) (this-bocatal) attended the deceased from 2/7, 1986, ta 2/12/1986, that (I) (welfast									that (I) (was last		
		sow the decease abave, (1) (was)			ofter death.	<i>6</i> , or	nd that in (my) (aur) opinion	death accurred	an the date and ha	ur and from the	causes stated		
		226 SIGNATURE	10	11	, ,		DEGREE ATTENDING	AAEDIC AI	STAFF	22c. DATE	SIGNED		
		Roth	ATI	migi	in		PHYSICIAN [MEDICAL DIRECTOR		2/	18/80		
		22d. PHYSICIAN'S N			D D A		700 Montoloi	A	Fradord	tole Md			
				ghes, M			700 Montclai			ick, rid.			
		BURIAL, CREMATION,	, REMOVAL	236. DATE			EMETERY OR CREMATORY	23d LOCATH	TOWN	COUNTY	STATE		
	24 E1	Buriah JNERAL DIRECTOR A	0 0 -	2-(21/8	36 Mt.	Oliv	et Cemetery	Frede	rick, Fre	derick,	Maryland		
	24 10	NATIONAL DINGE TOK	-4-	X. 1. 4/7	1/1001 37		230 DAI	IE KEL D. DT KEL	GISTRAR 256 REGIS	IKAK S SIGNAT	UKE		

112010REN. Market St.

Frederick, Md

DHMH - 16 60M 7/84 (VRA 15, 4)

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marked or Hem 18 shor

IMPORTANT: If hem 21 is

Robert

DATE 02/21/86

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR D. HARTZLER

230 BURIAL, CREMATION, REMOVAL (SPECIBURIAL

WOODSBORO, MD

MT. HOPE CEMETERY

250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

WOODSBORO

2b. HOUR

00.35

21757

1AST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

10 h

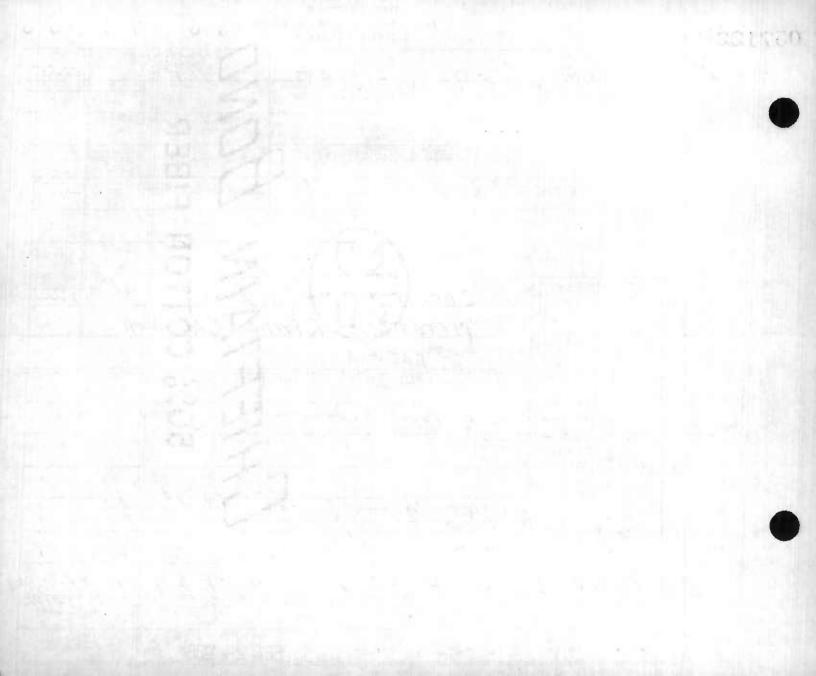
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STATE

COUNTY

FRED.

22c. DATE SIGNED



STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 6	0	5	2 6 /
I DECEASED NAME FIRST	WIODIE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
LAURA	FRANCES	ST	RUBE	Feburary 1	4, 1986		9:21 P
3 SEX	4 RACE	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF U	NDER I YEAR	HOURS MIN.
Female	Caucasian		e 30, 1894	91	YRS.	DATS	MIN.
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOWI	ED NEVER MARRIED	9 BALTIMORE CITY C		DEATH	MD
Frederick	11. NAME OF HOSPITAL, NURSIR (IF NOT IN SUCH FACILITY, GIVE STREET Citizens Nursi	ng Ho		12a USUAL OCCUPAT (TYPE OF WORK FOR MOSTO Retired H	ION OF WORKING LIFE)	NDUSTRY	F BUSINESS OR None
	NIY 13c CITY OR TOV derick Frederi	ck	134 INSIDE CITY LIMITS? YES YOU	13e.STREET ADDRESS 282 Dill			21701
14 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WIDDIE		LAS1	
William T	nomas Price		Algerine			Turr	ner
160 WAS DECEASED EVER IN U.S. AR (YES YOOR UNKNOWN) (IF YES GI	VE WAR OR DATES)		Mrs. Robert M	ADDR M. Stalev.	282 Dill Jr. Fre	l Aver	nue k. Md.
PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE (c) DUE TO, OR AS A CONSEQUE (d)	ENCE OF	who arder	. Dascolard	Isease	154	Zals
	Degran in	2 - 1	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	IN PART 1:0	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONSTITION FOR WHICH	I ÓPERATÍC	DN WAS PERFORMED	YES NOW	206 IF YES, W IN CERTIFYIN YES		
00 000 110 10 10 10 00 00	Airi	AY YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART	OR PART 2)	
GREENING CAUSE OF SE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	0	21f LOCATION STREET	CITY OR TO	OWN .	COUNTY	STATE
saw the deceased alive an abave, (I) (we ridid) (did no	ital) attended the deceased from 19 Striview the bady after death.	June 36.	nd that in (my) (aux) opinion	death occurred an the d	ate and haur on		that (I) (we) last couses stated
130 Jun	masgr		+	MEDICAL STA	FF CIAN []	220 DATE !	186
B. O. Thomas			228 N. Marke	et Street.	Frederic	k. Md	. 2170

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

Buria] 2/17/860

230 BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

21701 Frederick, Frederick, Maryland

1201 N. Market St 250 DATE

Frederick, Md.

								TE OF M									
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033000	- STA	ISTRAR			MED	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEC	F DE	HH O	REG. N	U 3	2	6	8
		SED NAME	FIRST			MIDDLE		1	AST			20 DATE	KNOWN		DAY	YEAR	26. HOU
V	(TYPE OR											01	ESTI-			-	20.1100
2 S. S. S. F. VO			WAHIL		Prox	0.			OHIG_			DEATH	MATED [2	53	1086	
A C = 수통	3. SEX		4 RACE	S. DATE O	F BIRTH	YEAR	6. AGE (IN YE.		DER 1 YR.	IF UNDER		2c DATE	ICED	HTMOM	DAY	3 86	2d. HOU
N 2 L	FEM	ATE	WHITE	9	27	07	78 YF	- Mighting	DAYS	HOURS	MIN	PRONOU! DE AL		3	. 3:	3 86	
A NEW YORK		PLACE (ST			N OF WH			8				9 BALTIA	AORE CITY	OR COUR	130 YTE		
SES SES	FOREIGI	COUNTRY)								VER MARR	4777			_	0. 0		
IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. IN WEESTON STREET.	VI	RGINL	Α		S.A.			WIDOWE	-	DIVORC			EDERIC				M
RE, MD. 21201 EATH. IF ANY DELAY IS NI ES 1, 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 NN 2 SHOULD BE FILED. I	10 CITY C	RTOWN	OF DEATH				RSING HOME TREET ADDRESS)	, OR OTHE	RINSTITU	TION		JAL OCCU	PATION (TY	PE OF WORK	12b KIN	INDUSTR	
304 E	NR.	FREDE	RTCK	7731		DLE		RCLE				OK	KKING (IFE)				
_ WE NOW -	USU AL RE	SIDENCE	IF IN NURSING HOME			E RESIDENCE	BEFORE ADMISSK					UK			I KP	STAUR	ANI
8 29458	130. STAT		136 COU	NTY		13c. CITY	ORTOWN		3d INSIDE C			EET ADDR					
선 조선조건없기		YLAND	<u> FRED</u>	ERICK		LFRE	DERICK		YES 🗌	NO X	77:	31 BR	IDLE_I	PATH	CIRC	LE/2	1701
MD. 2120 H. JF AND M. 3. RETA NO. 2 SHOUL		R'S NAME		WIDDLE			LAST		15. MOTHE	R'S MAIDI	ENNAME		WIDDLE			LAST	
ORE, M DEATH OR PAN OR	10	DMAS	V	AUGHN		CA	LLAHAN	20		TTIE						BAUSE	1
TIMOR TER DE FORM SES IAN	160 WAS	DECEASED	EVER IN U.S. AF	RMED FORCE			IAL SECURIT	NO.	7. INFORA			7-6	B1 BRI	S			
		O, OR UNKNO	(# YES, GIV	E WAR OR DATES	5)		00 05					773				CIRC	LLE
JRS AFTI WITH FOUNTSION	NO			NONE	-	1215	-22-05	12	ATCI	ORIA	DAHM	ER	FRED	ERICI			1
	18.	CAUSE OF	F DEATH (Enter or ATH WAS CAUSE	nly one coust	e perfline	for (d) (b), and (c).)	.0.	14	0-	. 1			7	86	PROXIMATE	INTERVAL LA DEATH
STON ST N 24 HOUS N ITEM 18. ALONG V ALONG V IT PERMIT YGIENE, D		TAKTIDE		ATE CAUSE (0)	ulo	M	ach	DAR	- 40	ul	W TY	is and	w	14	grad	1
				DUE	E TO, OR	AS A CON	SEQUENCE ()F	- 0.0	95.4			117				
PRESTON ST ITHIN 24 HOI CIL IN ITEM 13 NER ANNS TERMI AL HYGIENE, REMOVAL			s, if ony, which														
W. W. E. W. T. W. T. R. W. T.			e to immediate stating the under		b)	15 1 501	ISEQUENCE (-								
201 W. PRE UTED WITHI IN PENCIL IN ARINAS IAL ARINAS OMENTAL H ON, OR REA		lying cou			L 10, OK /	AS A CON	SEQUENCE)r									
DS, 201 W. PREST XECUTED WITHIN : VG" IN PENCIL IN ZAL EXAMINER AI BURIAL - RRANSIT AND MENTAL HY ATION, OR REMO				(c)												
L RECORDS, 201 W. ULD BE EXECUTED W "PENDING" IN PEN F MEDICAL EXAMIN ED AS A BURIAL TR HEATTH AND MENIX IL, CREMATION, OR		T 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING	TO OF ATH B	UT NOT RELA	TED TO THE TERM	NAL DISEASE	OR CONDITIO	N GIVEN IN PA	RT 1 sail					17.0	
"ITAL RECORI SHOULD BE ED CHIEF MEDICALLE LUSED AS A COF HEALTH, IRIAL, CREM	CERTIFICATION	DATEOE	OPERATION	Train													
SHOULD ORD "PE CHIEF A CHIEF A TOF HE URED, URIAL, URIAL,	₹ "	DATE OF	OPERATION	190	CONDII	ION FOR	WHICH OPER	ATION WA	SPERFOR	MED?					20. A	UTOPSY?	
F VITAL WORD "I TE CHIEF O BE USE ENT OF H	E														-	ES 🗌	NO
DIVISION OF VITAL S CERTIFICATE SHOUJ RITING THE WORD " RDED TO THE CHIEF RES SHOULD BE USE RES SHOULD BE USE RESPARTAMENT OF H OI PRIOR TO BURIAL	210		L CAUSE WAS		TIME OF		DAY VEAD	21c. HO	W INJURY	OCCURRE	D LENTER	NATURE OF IN	JURY IN ITEM TE	B PART I OR P	ART 2)		~
A SHE SHE	A ON	DERLYING	OR IG CAUSE OF	DEATH	P.M.	MONTH	DAY YEAR	70.1									
SHOW THE SHOW		INJURYO			PLACE O	F INJURY	19 (AT HOME.	21f. LOC	ATION		-						
N SEE SEE	W W				TREET, FACTO				REET			CITY OR TO	WN	C	VINUO		STATE
124AAE	AT	WORK	AT WORK						14.57								
DIVISION OF VIT. MINER: THIS CERTIFICATE SHA FICATE, WRITING THE WORR FICAMARDED TO THE CH GTORE, PAGE 3 SHOULD BE U THE STATE DEPARTMENT O 'LAND, 21201 PRIOR TO BUR LAND, 21201 PRIOR TO BUR		22n Leertif	yether Thock shore	me of the ren	noinsdess	rihed ohe	ve held on	Autopsy		Inspectio		Inquiry	N.	nd in my o			
A D R D E A					Z									nd in my d	pinion		
EXAMINATION OF BEING WITH WARYLAWARYAWARY	d	eoth resulte	17 00	rot counts	-	Accident	L., Sui	cide	Homic	ide L	Undet	ermined m	anner [],				
A SECOND	AC	TUAL	1 (offe	1	MA	an	10/		TITLE (S					DATE	2-	24	-1
A # 5 4 £ #		NATURE_	- 4 A -	~ ~	MULT	UV	ov r	M. E	DD	eputy	MED.	ICAL EXAM	AINER	SIGN	ED	64.	-80
NOR SERVICE		AAAN IEDIC A	14115		U -		1000						se Ave				
TO MEDI EXECUTE PAGE 4 A TO FUNE BALTIMO	(TY	AMINER'S I	IT)	Robert	J. 1	noma	s, M.D	A	DDRESS_				1. 217				
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: N AFTER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2	23a BURIA	LCREMAT	ION, REMOVAL	23b DATE		73r h	NAME OF CEA					CATION					
	(SPEC#	Y)			100										JNTY	STA	
07/84 BP	24 FLINE	BURT.	TOP.	2/26	86_	JJE	FFERSO	CEM		25a DATE		FERSO		GREE		PA	
DHMH - 17	NA				ADDRESS					ZJU. DATE I	110	REGISTRA	R 25b REG	HALLY CO	DIGNATI	nde We	
(VR A15 ME (5))	D.	D. H	ARTZLER		WOOD	SBOR	O. MD			ret	120	1986	- www	Frith 200	4-16		



FOR - STATE REGISTRAR DECEASED NAME

FEMALE

Burial

LIYPE OF PRINTS

3 SEX

Shirley

4 RACE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

WARFIELD

1941

5 DATE OF BIRTH MONTH

Nov.

20 DATE OF DEATH

6 AGE (IN YEARS LAST BIRTHDAY)

44

0

REG. NO

IF UNDER I YEAR

2h HOUR

17h KIND OF BUSINESS OR

Telephone

Nusbaum

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

COUNTY

22c. DATE SIGNED

Frederick.

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11)	equires that the decritic rational are executed within 24 hours after death. Page 4 may be	I signed by the attended to the completely filled in by the funeral director, page. Then please remove the complete should be filed within 72 hours ofter death
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ORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	000	re signed by the all Then pleose remo

9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED Frederick County, U.S.A. Maryland WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Frederick Memorial Hospital Frederick Supervisor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE 13b. COUNTY 13c. CITY OR TOWN 1776 Springfield Iane/21701 13d INSIDE CITY LIMITS? Frederick Frederick Maryland YES X NO IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Marie Frances Martin Luther Putman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 1776 Springfield Lane (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) 216-38-0629 No Bernard T. Warfield, Frederick, Md. 21701 None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF noclular mive Conditions, if any, which EYEENSILV gove rise to immediate couse lot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost C T 11 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? De NO the buriol-tronsit and Mental Hygie 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 71d INJURY OCCURRED 211 LOCATION 71e PLACE OF INJURY 5 CITY OR TOWN I AT HOME STREET FACTORY, OFFICE, FARM ETC) orked NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from. saw the deceased give on 3 and that in (my) (our) opinion death occurred on the date and have and from the causes stated DIRECT 27h SIGNATURE DEGREE 0 ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT FUNER/ 22e ADDRESS 4 West 7th St., Frederick, Maryland 21701 P. Gregory Rausch, MD. 0 23¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL

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DHMH - 16 60M 7/B4 (VRA 15, 4)

Frederick.

24 FUNERAL DIRECTOR 14h. Keeney and Basford Funeral Home 250 DATE REC D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE 106 East Church St., Frederick, Md. 21701

Mount Olivet Cemetery

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STATE OF MARYLAND 071184 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME FIRST MIDDLE MONTH (TYPE OR PRINT) TO THE FUNERAL DIRECTOR.
PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS KENNETH DEATH MATED SAMUEL WEIGEL Feb. 18 19 86 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Jan. 12, 1911 DEAD 10 Male Cauca. 75 7. BIRTHPLACE (STATE OR 16 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) Pennsylvania USA DIVORCED WIDOWED Frederick 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Frederick Memorial Hospital Frederick Game Protector Game. Commiss A 3. RETAIN PA 22 SHOULD BE TAL RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Frederick Maryland Thurmont 506 E. Main Street YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST FIRST Samue1 Weigel Nellie Ifft 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESO6 E. Main St. 166. SOCIAL SECURITY NO. T. PAGES DIVISION LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Yes WW II 211-01-5071A Thurmont, Md. 21788 Mrs. Hazel V. Weigel 18 CAUSE OF DEATH (Enter only one cause per lige for (a) (b) and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF HEALTH AND ME AL, CREMATION, lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEALGRUT NOT RELATED TO THE ARMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION NT OF HEA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? MER: THIS CER.

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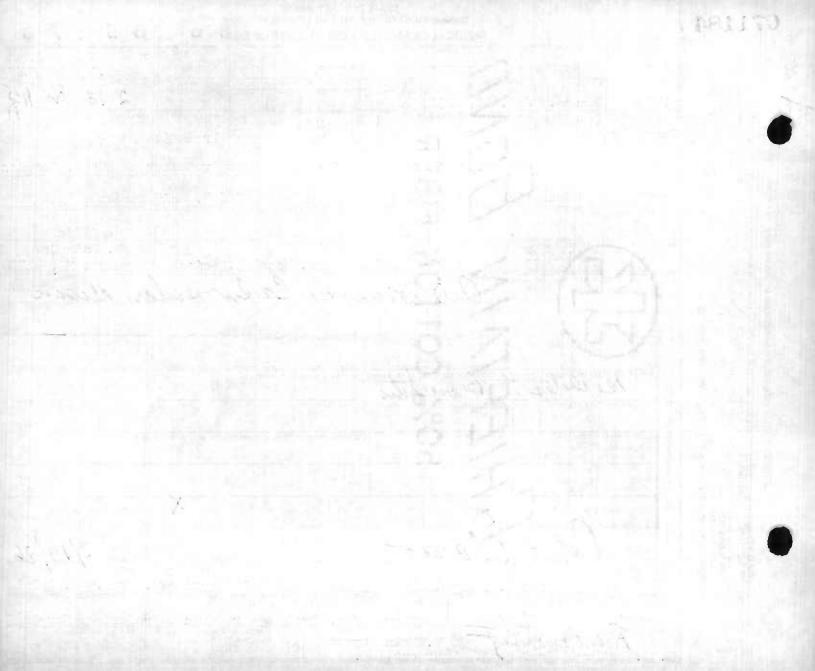
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Thurmont, Md



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attenshould be detached for use as the buriol-transit permit. Then please remove a with the State Dept, of Health and Mental Hygiene prior to buriol, cremation.

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IMPORTANT: If them 21 is morked or them 18

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	3 SEX	FEMALE	4 RACE WHITE	S DATE O	DAY	YEAR O	6 AGE LINYEARS LAST BIR	THDAY)	MONTHS	DAYS	HOURS	MIN.
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L	10 CT	TY OR TOWN OF DEATH		PITAL, NURSING HOME (OR OTHER INSTI		120 USUAL OCCUPATION OF WORLD HOUSEWI	LIFE) 12b	126 KIND OF BUSINESS OR INDUSTRY NONE			
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1			E WAR OR DATES)	13-50-9284	17 INFORMAN		16010 S THURMON		NTHO ARYL			18
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		cause (a), stating the underlying cause last.	DUE TO, OR AS	CONGEST						4	8h	/
	NOI	PART 2 OTHER SIGNIFICANT			NOT RELATED	TO THE TERMI	nal disease or con	DITION G	SIVEN IN	PART 1cc		CITY
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		226 SIGNATURE	Plat		DEGREE AT	TENDING HYSICIAN	MEDICAL STAI	FF CIAN [27	Z/d	SIGNED /86	
/		22d PHYSICIAN'S NAME (TYPE OF	RUBIN		569		refere Ct	- In	EDER	PILIK	M	D.
	I	BURIAL, CREMATION, REMOVAL BURIAL	236 DATE 2/11/86	23c NAME OF C	EMETERY OR C		23d LOCATION CITY OF TOWN EMMITSBUR	G F	REDE			STATE
		DERT E. DAILEY	E SON	THURMONT. MI	N ST.	CCO	REC'D. BY REGISTRAR	25 REGIS	STRAR'S	SIGNAT	undam Indam	١ :

THURMONT, MD. 21788

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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that the death I by the atte cose remove al, cremation or other frauman		Canditions, if any, gove rise to imm cause (a), stating underlying cause	nediote g the) b)_	R AS A CONSEQUE						
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The law tion to permit	CERTIFICATION	19a. DATE OF OPERAT				OPERATION	N WAS PERFORMED	YES NO.	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	INGS USED S OF DEATH? NO
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STATE OF MARYLAND

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 057120 REGISTRAR REG. NO. DECEASED NAME 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 955A1 **NORMAN** WALTER WILSON dea 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR 17/88 MALE WHITE To BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED (REDERICK IARYLAND 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR LINDUSTRY REDERICK 130 STATE 13d INSIDE CITY LIMITS 2 FREDERICK 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME LAST DESOTA Mc CUBBINS JOHN W. WILSON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) MD(YES, NO OR UNKNOWN) DORIS WILSON 12 - 7161APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per in far un PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANTICONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a DIVISION OF VITAL RECORDS, CERTIFICATION arthreles spine 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? per NOM YES NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ntol Hy HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 22a I certify that (1) (this hospital) attended the deceased from 19 86 sow the deceased alive an , and that in (my) (our) apinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) wew the bady after death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED * MA MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b MPORT E. STONER, ON 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION MDSTATE BURTAL 02/20/86 OLIVET CEMETERY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 WOODS BORO (VR A 15 (4)) washington hands

STATE OF MARYLAND

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120			OR OTHER INSTITUTION GIVE RESIDENCE		Center	ass't.		Defense				
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